



EMPLOYEE PERFORMANCE REPORT

The purpose of this form is to document action taken in association with the Wake County ABC Employee Handbook. Any questions should be directed at either the Human Resource Director, Assistant General Manager, or General Manager.

NAME OF EMPLOYEE: _____

NAME OF SUPERVISOR COMPLETING FORM: _____

STORE #: _____ DATE OF MEETING FOR PROBATIONARY OR DISCIPLINARY ACTION: _____

TYPE OF ACTION: PROBATIONARY IF DISCIPLINARY: WRITTEN VERBAL

SUPERVISOR'S COMMENTS AND EXPLANATION: _____

(USE AND ATTACH ADDITIONAL PAPER IF NEEDED)

EMPLOYEE COMMENTS AND EXPLANATION: _____

(USE AND ATTACH ADDITIONAL PAPER IF NEEDED)

SIGNATURE OF SUPERVISOR: _____ DATE: _____

SIGNATURE OF EMPLOYEE: _____ DATE: _____

SIGNATURE OF GENERAL MANAGER: _____ DATE: _____