STATEMENT OF CORRECTIVE ACTION
DALLAS COUNTY

Instructions: This form must be completed whenever a Level Three-Six Action is taken, either for repeated failure to correct a performance or conduct issue, or for serious or significant misconduct or policy violation. Forward signed original to Dallas County Human Resources/Civil Service and retain a copy in employee's department file.

Employee: _____

Job Title: _____

Date in Job: _____

SOCA Date: _____

Supervisor: _____

Department: _____

Department Head/Elected Official: _____

Reason for Corrective Action: Provide specific and comprehensive details about performance problem, attendance problem, or rule/policy violation. Include dates, times, locations, persons involved. Include specific changes required, action plans to achieve desired results, deadlines, and/or employee responses, if applicable. Attach additional pages, documents necessary to support this action, a Performance Improvement Plan **(PIP)**, etc., if applicable.

Previous Corrective Action(s): Actions taken, dates, reasons for actions

Corrective Action Recommended / Taken

☐ First Written Warning ☐ Subsequent Warning ☐ Final warning ☐ PIP
☐ Suspension ☐ Demotion ☐ Dismissal

Future Expectations and Consequences: Failure to correct the performance/conduct problem described above may lead to more serious corrective action, up to and including dismissal. Additionally, the organization expects the employee to maintain an acceptable level of performance in every other aspect of his/her job.

Employee signature: I have read and understand this corrective action. My signature does not necessarily imply agreement with contents.

_____   _____
Signature   Date

Right to Appeal: Civil Service employees have the right to appeal this action. A written appeal must be submitted within seven calendar days of receipt of this SOCA, exclusive of holidays, to _____, with a copy to Human Resources.

Supervisor signature: On this date, I discussed this SOCA with this employee.

_____   _____
Signature   Date

☐ Employee refused to sign this SOCA ☐ Employee refused to accept his/her copy.

_____
Witness signature (Optional)