



**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: \_\_\_\_\_ SOCA Date: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Date in Job: \_\_\_\_\_ 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), ~~and~~ 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)