A.S.I. PERFORMANCE WARNING NOTICE

**Associated Students, Inc. California State University, Los Angeles**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | | Date: | |
| Position: | | Area: Associated Students, Inc. | |
|  | | | |
| **INCIDENTS**  **□** Unexcused absenteeism **□** Violation of safety rules  **□** Unexcused tardiness **□** Inability to accomplish work at an effective level  **□** Early Departures from meetings **□** Misuse of company property  **□** Failure to notify Direct Report of absence **□** Engaging in practices inconsistent with U-SU/ASI from work station policies or procedures  **□** Theft of company property **□** Sleeping on duty  **□** Discourtesy to public or coworkers **□** Securing leave under false pretenses  **□** Failure or refusal to perform assigned duties **□** Fighting or engaging in horseplay  **□** Unauthorized access and/or distribution of **□** Harassment and/or discrimination of other  confidential information employees  **□** Misrepresentation of time keeping **□** Unexcused absence from required meeting/  **□**  Failure to report to office hours training  **□** Insubordination, refusal to comply with instructions **□** Inappropriate or excessive phone usage/  or failure to perform reasonable and assigned duties computer  **□** Use of work time for non-work-related or personal **□** Unauthorized access to private offices/areas  matters  **□** Other (explain below) | | | |
| **DESCRIPTION OF INCIDENTS: (Include dates, times and names of witnesses, if any)**  Dear **(name)** ,    The Performance Notice is being issued to you for not fulfilling the minimum requirements of an A.S.I Board of Director in accordance with the **A.S.I Board of Directors Code of Procedures (Article II, Section 3) (You need to site the requirement & expectation that is being violated)**  Based on the Secretary/Treasurers accountability audit you have not:  (Sample Items that need specifics)   1. Submitted your biweekly reports for **(dates of biweeklies not submitted).** 2. Fulfilled the two office hours a week expectation **(various amount of time)** 3. Attended the required A.S.I. Board of Directors meetings for **(times and dates of meetings not attended).** 4. You have not responded to (note how many) email/verbal requests to correct your performance.   In order to take part in Associated Students Inc., you must fulfill the above duties and expectations as stated in the Director's Agreement you signed upon being elected or appointed.  Based on the information presented above, I am submitting your name for removal from the A.S.I. Board of Directors at the next Executive Committee meeting on (Date) at 3:30pm in the U-SU Board Room 303AB. The removal process is managed by the A.S.I. Executive Committee (A.S.I. BOD Code of Procedures Policy 002 - Article, Section 13 and Policy 020).  In an effort to avoid the removal process you have the option of simply emailing a letter of resignation to Joselyn Diaz, A.S.I. Secretary/Treasurers at [asist@calstatela.edu](mailto:asist@calstatela.edu) or Ejmin Hakobian, A.SI.I. President at [aspires@calstatela.edu](mailto:aspires@calstatela.edu) or you can attend the next Executive Committee meeting to provide a detailed report addressing the concerns above. If you have any questions regarding this notice, please email Ejmin Hakobian at [asipres@calstatela.edu](mailto:asipres@calstatela.edu) .  **(If more space is required, use attachments)** | | | |
| Direct Report Signature: | | | Date: |
| I have been given a copy of this warning notice and understand that a copy will be placed in my official file.  I understand that my signature does not mean that I agree with the content of this notice. I also understand  that I may prepare a written statement explaining or disagreeing with the content of this notice and that my  statement will also be placed in my official personnel folder.  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| (***Note to Supervisor, if employee refuses to sign, give the employee a copy of this performance notice and***  ***indicate that the employee refuses to sign.)*** | | |

Warning Notice (12/08)

|  |  |  |
| --- | --- | --- |
| **DESCRIPTION OF INCIDENTS: (Include dates, times and names of witnesses, if any)**  **(If more space is required, use attachments)** | | |
| Date: | |
| I have been given a copy of this warning notice and understand that a copy will be placed in my official file.  I understand that my signature does not mean that I agree with the content of this notice. I also understand  that I may prepare a written statement explaining or disagreeing with the content of this notice and that my  statement will also be placed in my official personnel folder.  Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| (***Note to Supervisor, if employee refuses to sign, give the employee a copy of this performance notice and***  ***indicate that the employee refuses to sign.)*** | |