



Deficiency Personnel Notice – Level Two

Date of Incident: _____

GNB Employee Name: _____

Facility Location: _____

You are hereby given this notice of proficiency in order that you may acknowledge receipt of and have the opportunity to respond to the following information which has been brought to my attention.

Signed	Title	Date
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RECIPIENT’S COMMENTS:

I hereby acknowledge receipt of this notice and understand that this information will be presented in my evaluation(s) review(s) and that I will, if a deficiency was cited, be subject to the appropriate disciplinary action.

Signed	Title	Date
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ACTION REQUIRED/DIRECTOR’S COMMENTS: ✓ ALL APPLICABLE ITEMS

Outstanding Proficiency Information Only Meeting Needed

Deficiency First Notice Second Notice Final Warning

Signed	Title	Date
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