

GEORGETOWN-SCOTT COUNTY EMS

PERFORMANCE PROGRESS REPORT (PPR)

NAME:

SHIFT:

DATE:

TYPE:

VERBAL WITH DOCUMENTATION

WRITTEN

PERFORMANCE:

MERITORIOUS

DISCIPLINARY

OTHER

REMARKS:

SUPERVISOR'S SIGNATURE

DATE

ADMINISTRATION'S SIGNATURE

DATE

I AFFIRM THAT I HAVE BEEN PROVIDED THE INFORMATION WITHIN THIS DOCUMENT. MY SIGNATURE NOTES ONLY THAT I HAVE BEEN COUNSELED ON THE INCLUDED INFORMATION AND IN NO WAY DENOTES AGREEMENT. I HAVE BEEN ADVISED THAT I MAY APPEAL THE INFORMATION LISTED BY THE METHODS OUTLINED IN THE **GSCEMS** EMPLOYEE HANDBOOK.

EMPLOYEE SIGNATURE _____

DATE _____