

EMPLOYEE COUNSELING FORM

EMPLOYEE INFORMATION

Employee Name: _____ Department: _____
Employee Title: _____ Employee ID #: _____
Supervisor Name: _____ Counseling Date: _____

COUNSELING REASONS

This counseling form is being issued due to the following:

- | | | |
|--------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Behavior | <input type="checkbox"/> Violence |
| <input type="checkbox"/> Dress code | <input type="checkbox"/> Teamwork | <input type="checkbox"/> Conduct |
| <input type="checkbox"/> Performance | <input type="checkbox"/> Safety | <input type="checkbox"/> Other: _____ |

When did the incident happen?: _____

Describe the nature of the incident:

CORRECTIVE ACTIONS

The following corrective actions must be taken by the employee. Failure to do so will result in further disciplinary action, up to and including termination:

EMPLOYEE COMMENTS

Enter any comments the employee has regarding the incident:

ACKNOWLEDGMENT

The employee's signature below confirms that the employee intends to immediately correct their actions as discussed in this document. Failing to do so may result in further disciplinary action, up to and including termination of employment.

Employee Signature: _____ Date: _____
Print Name: _____

Supervisor Signature: _____ Date: _____
Print Name: _____