

EMPLOYEE COUNSELING FORM

Supervisor Name: _____ Counseling Date: _____

EMPLOYEE INFORMATION

Employee Name: _____ Department: _____

Employee Title: _____ Employee ID #: _____

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"/> Other: _____ |
| <input type="checkbox"/> Performance | <input type="checkbox"/> Safety | |

When did the incident happen?: _____

Describe the nature of the incident:

EMPLOYEE COMMENTS

Enter any comments the employee has regarding the incident:

CORRECTIVE ACTIONS

The following corrective actions must be taken by the employee:

Immediate and sustained improvement is required. Failure to do so will result in appropriate disciplinary action up to and including termination.

By signing this form, the employee confirms they understand the information therein. The employee's signature does not necessarily indicate agreement.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Witness Signature: _____ Date: _____

(If employee refuses to sign) Print Name: _____