

EMPLOYEE COUNSELING REPORT

Employee Name: _____ Job Title: _____
Department: _____ Date: _____

TYPE OF DISCIPLINE	DATE OF INCIDENT	DATE OF DISCIPLINE REVIEW
VERBAL WARNING		
WRITTEN WARNING		
SUSPENSION		

TYPE OF VIOLATION

- | | |
|---|--|
| <input type="checkbox"/> UNSATISFACTORY PERFORMANCE | <input type="checkbox"/> UNSATISFACTORY ATTENDANCE |
| <input type="checkbox"/> WORK RELATED MISCONDUCT | <input type="checkbox"/> OTHER (Please Specify): _____ |
| <input type="checkbox"/> EXPIRED DOCUMENTS | |

SUPERVISOR'S STATEMENT

(Attach Supporting Documentation - Continue On Back If Needed)

Description of Incident:

ACTION REQUIRED

(Including Time Allowed to Correct Behavior if Applicable)

EMPLOYEE'S STATEMENT

(Continue On Back if Needed)

I have read this form and understand that any future occurrences of this nature or other deficiencies in my performance may result in additional discipline up to and including the termination of my employment.

Signature of Employee

Date

Signature of Supervisor

Date

Signature of Witness (If employee refuses to sign)

Date

Reviewed and Approved By:

President/CEO: _____
Signature and Date

Human Resources: _____
Signature and Date

EMPLOYEE COUNSELING REPORT

(Continued From Front)

Employee Name: _____ Date _____

SUPERVISOR'S STATEMENT

(Continued)

EMPLOYEE'S STATEMENT

(Continued)

Employee : _____ Supervisor: _____
Initial and Date Initial and Date