

EMPLOYEE COUNSELING FORM

Employee Name: _____

Employee Title: _____

Supervisor Name: _____

Supervisor Title: _____

Counseling Date: _____

Incident Date: _____

The reason for issuing this counseling is as follows: (Select all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Absence/Tardiness | <input type="checkbox"/> Behavior/Teamwork | <input type="checkbox"/> Inappropriate Conduct |
| <input type="checkbox"/> Poor Performance | <input type="checkbox"/> Violence | <input type="checkbox"/> Inappropriate Dress |
| <input type="checkbox"/> Violation of Company Policy | <input type="checkbox"/> Harassment | <input type="checkbox"/> Substandard Work |
| <input type="checkbox"/> Sleeping on the Job | <input type="checkbox"/> Falsification of Documents/Records | |
| <input type="checkbox"/> Other: _____ | | |

Action Taken:

- | | | |
|---|--|---|
| <input type="checkbox"/> Verbal Warning | <input type="checkbox"/> Written Warning | <input type="checkbox"/> Suspension without Pay |
| <input type="checkbox"/> Termination | <input type="checkbox"/> Other: _____ | |

Description of Incident:

Name of Witness(es) to the Incident:

Summary of Corrective Action Plan to be Taken:



Possible consequences for failure to improve performance or correct behavior:

Employee Statement:

I acknowledge that I have read and understand the above information and consequences. I acknowledge that I have received a copy of this form.

Further, I understand that my employment is voluntarily entered into, that I am free to resign at any time and that _____ [Employer Name] may terminate the employment relationship whenever it so determines with or without notice or cause. I understand that I am employed at will, and nothing contained on this form or discussed related to this counseling modifies my at-will employment status.

Employee Signature **Employee** Name Date

Supervisor Signature **Supervisor** Name Date

Witness Signature **Witness** Name Date

