

Employee Counseling Notice

Name: _____ Date: _____ Store: _____

Reason for Counseling (Check all that Apply):

<input type="checkbox"/> Poor Work Performance	<input type="checkbox"/> Mishandling of Cash/Merchandise	<input type="checkbox"/> Alcohol Sale to Minor*
<input type="checkbox"/> Inaccuracy	<input type="checkbox"/> Mishandling of Machinery/Property	<input type="checkbox"/> Tobacco Sale to Minor*
<input type="checkbox"/> Improper Uniform	<input type="checkbox"/> Improper Check/Credit Card Process	<input type="checkbox"/> Improper/Unsafe Conduct*
<input type="checkbox"/> Improper Appearance	<input type="checkbox"/> Excessive Cash in Drawer	<input type="checkbox"/> Discrimination/EEO Violation*
<input type="checkbox"/> Low/Poor Output	<input type="checkbox"/> Tardiness/Lateness (unexcused)	<input type="checkbox"/> Improper Customer Relations*
<input type="checkbox"/> Not Dependable	<input type="checkbox"/> Improper Telephone Usage	<input type="checkbox"/> Sexual Harassment*
<input type="checkbox"/> Uncooperative	<input type="checkbox"/> Consumption of Merchandise (unpaid)	<input type="checkbox"/> Failure to ID Alcohol/Tobacco Customer*
<input type="checkbox"/> Failure to Clock in/out	<input type="checkbox"/> Failure to follow directions	<input type="checkbox"/> OTHER _____

**Items in bold may be subject to immediate termination, depending upon the severity of the incident*

This is a:

First Warning (Verbal) ___ Second Warning (Written) ___ Final Warning ___ Termination* ___

**Termination requires approval from Director of Human Resources or Regional Manager*

Describe the incident, including witnesses, statements, and activity observed/causing counseling:

Describe the disciplinary action to be taken: (warning, suspension, termination, etc.)

What will be the future consequences if the behavior/activity is not corrected?

Other Remarks/Comments:

Employee Signature

Manager Signature

District Manager Signature