Florida Institute of Technology

EMPLOYEE COUNSELING NOTICE

Employee Name _____
Last *First* *Middle Initial*

Job Title/Department _____

Date _____

Check box indicating disciplinary action taken:

❑ Coaching and Counseling
❑ Verbal Warning (oral reprimand)
❑ Written Warning
❑ Written Reprimand
❑ Suspension ❑ Termination

SPECIFIC NATURE OF PROBLEM

Check appropriate categories:

❑ Absenteeism
❑ Tardiness
❑ Violation of Company Policies/Procedures
❑ Performance Below Standards
❑ Unsafe Actions
❑ Other _____

Describe the action that made it necessary to prepare this report. Include dates and events:

Expected performance or conduct/corrective action required:

Employee proposed solution to problem and commitment:

Follow-up and consequence for continued employee problems:

Manager's Signature _____ Date _____

I understand that my signature is not an admission of guilt but is acknowledgement that the above has been discussed with me.

Employee Signature _____ Date _____

FOR SUSPENSION ONLY

Your manager has placed you on suspension pending investigation and possible termination. You are directed to report to the Human Resources Director to learn the final decision on _____ at _____ o'clock.

During the period of suspension, the facts will be investigated. If you feel you have information which will influence the decision, you should contact the Human Resources Director immediately.

Human Resources Director _____ Date _____

PLEASE RETURN THIS FORM TO THE OFFICE OF HUMAN RESOURCES