

EMPLOYEE COUNSELING FORM

1. This form is to be used by supervisors to document remedial discussions with employees. ***This is not disciplinary.***
2. Prior to any formal counseling, the rating supervisor must discuss the specifics of the problem with the reviewing supervisor.
3. Following the counseling session, a completed copy of this form must be provided to the employee. The original must be forwarded to the reviewing supervisor.

Employee's Full Name: _____ Employee ID XXX-XX-_____

Division: _____ Location (Store #): _____

State in detail the problem to be discussed with the employee. Provide the rule, policy, performance issue and/or work habit for which the employee is in violation and/or must improve. Refer to ABC Personnel Policies and Procedures Chapter ABC-4-10 Employee Standards of Conduct, division policies and procedures or rules, the employee's responsibilities and results and work habits. Additional sheets can be attached as necessary.

State how the problem is going to be resolved. Employee are encouraged to provide the appropriate resolution to the problem. If the employee is unable to provide their own resolution the rating supervisor should suggest a remedy.

State the time frame in which the problem will be corrected. For some issues "immediately" may be appropriate; however, some issues require the supervisor to establish a reasonable time frame in which the problem is to be corrected by the employee. A meeting should be scheduled for the employee and the rating supervisor to review the employee's progress, or lack thereof.

SIGNATURES: The employee's signature is an acknowledgment of discussion. It does not necessarily mean that the employee agrees. The employee may submit written comments relating to the above action to the rating supervisor. Comments will be attached to this form. ***REFUSAL TO SIGN THIS FORM IS AN ACT OF INSUBORDINATION AND WILL RESULT IN DISCIPLINARY ACTION.***

Supervisor Signature: _____ Date: _____ ☐ Employee comments are attached.

Employee initials indicates receipt of
copy of this form.

Employee Signature: _____ Date: _____