

THE UNIVERSITY OF  
**ALABAMA**

**EMPLOYEE CORRECTIVE COUNSELING FORM**

This form is used as a guide for the supervisor when documenting issues that need attention under the provisions of the University Progressive Disciplinary Procedures. When completed, it serves as a written record of corrective counseling conducted with an employee pertaining to violation of one or more University rules.

**EMPLOYEE NAME:**

**CAMPUS WIDE ID NUMBER:**

**JOB TITLE:**

**DEPARTMENT:**

**Disciplinary Level:**

- Record of Verbal Counseling
- Written Counseling
- Suspension for \_\_\_ Working Days
- Final Counseling
  - With Unpaid Suspension \_\_\_ Working Days

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**Subject:**

- Policy/Procedure Violation
- Performance Issues
- Behavior/Conduct Infraction
- Absenteeism/Tardiness

**Description of Facts and Events Leading to the Discussion (include relevant dates):**

**Why a Concern:**

**Action Steps for Improvement:**

**Follow-Up Date:**

**Previous Counseling Summary:** Level/Date/Subject

**Consequences of Failure to Improve:**

- Further Disciplinary Action**
- Further Disciplinary Action up to and including Termination**
- Dismissal Will Be Recommended**

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**Immediate Supervisor's Signature** **Date**

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**Immediate Supervisor's Printed Name** **Date**

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**2<sup>nd</sup> Level Supervisor's Signature** **Date**

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**2<sup>nd</sup> Level Supervisor's Printed Name** **Date**

**Employee Acknowledgement:**

This written record of corrective counseling is being issued based on your violation of one or more University rules or for poor performance. This report will remain in your employee personnel file. You are being provided a copy of this Corrective Counseling Form.

*The employee's signature indicates he or she has seen this report and that the contents have been reviewed with him or her. The signature does not necessarily indicate agreement.*

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**Employee's Signature** **Date**

Employee's Comments (Attach additional sheets if necessary. Do not write on the back of this form.):