

**VERBAL COUNSELING/WARNING FORM**  
**Mansfield ISD Athletics**

EMPLOYEE: \_\_\_\_\_ POSITION: \_\_\_\_\_

DATE/TIME/LOCATION OF INCIDENT: \_\_\_\_\_

EXPLANATION:

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PLAN OF ACTION:

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\_\_\_\_\_  
Supervisor's Signature and Date

\_\_\_\_\_  
Title

Failure to correct the situation will result in further disciplinary action up to and including recommendation of termination.

EMPLOYEE COMMENTS:

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\_\_\_\_\_  
Employee Signature and Date

\_\_\_\_\_  
Witness