Town of Davie
EMPLOYEE COUNSELING/WARNING FORM

Counseling and warnings are not considered discipline.
****This form should not be submitted to Human Resources****

Name: _____

Position: _____

Department/Unit: _____

Supervisor: _____

Date of Incident: _____

Time of Incident: _____

****

Nature of the Incident (to include citing policies and procedures that were violated):

Facts of the incident:

Prior Occurrences:

Employee's Comments:

Timetable for Improvement: ___Immediate ___30 days ___60 days ___Other

Additional Comments:

Revised: Apr2017

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Please be reminded that the Employee Assistance Program (EAP) is available to you. The EAP provides confidential assistance with problems that may be interfering with your job performance.
Care 24 EAP phone number: (888) 887-4114.

Required Signatures:

Supervisor's Signature: _____ Date: 3/30/2017

Supervisor's Signature: _____ Date: _____

Department Director/
Division Manager's Signature: _____ Date: _____

My signature below indicates that the contents of this form have been discussed with me by my supervisor or another member of management. My signature does not constitute agreement with the contents. I understand that I am able to submit written comments addressing the contents of this form.

Employee's Response:
____ I agree with the above statement.
____ I disagree with the above statement and will submit written comments.

I have read, understand and received a copy of this form.

Employee's Signature: _____ Date: _____