

EMPLOYEE NAME: _____ DATE: ____/____/____

REASON FOR COUNSELING:

- INSUBORDINATION, VIOLATION OF SAFETY RULES, EXCESSIVE ABSENCE OR LATENESS, DISRUPTIVE WORK BEHAVIOR, UNSATISFACTORY WORK PERFORMANCE, REFUSAL TO PERFORM ASSIGNED WORK, VIOLATION OF POLICIES OR PROCEDURES, OTHER

PRIOR COUNSELING RECORD:

If previous relevant counseling sessions have occurred, please make note of details, including date:

DESCRIPTION OF INCIDENT: (Please describe in a few sentences)

Continued behavior will result in the following:

ACTION TO BE TAKEN:

What changes will employee make to correct their inappropriate work behavior?

What, if any, assistance will be provided to assist the employee in changing his/her behavior?

EXPECTED DATE FOR CHANGES TO BE COMPLETED: _____

EMPLOYEE'S COMMENTS:

- I agree with the action taken for the following reason(s):
I disagree with the action taken for the following reason(s):

Comments: _____

A follow-up meeting to discuss this matter will be scheduled for _____

If applicable: I have informed the employee of the Family Medical Leave Act (FMLA)
I have informed the employee of the Employee Assistance Program (EAP)

Counseling is intended to be a constructive process to assist you to identify, discuss and remedy aspects of your job performance or conduct that need improvement. As noted above, these aspects have been discussed with you and require your immediate attention. This form does not constitute discipline and will not be placed in your personnel file. Failure to correct your performance may lead to further administrative action including discipline.

Employee's Signature/Date

Supervisor's Signature/Date