



# Village of Royal Palm Beach, Florida

## Employee Counseling / Reprimand Form

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

DEPARTMENT/DIVISION: \_\_\_\_\_

POSITION / CLASSIFICATION: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

### PREVIOUS DATES OF DISCIPLINARY ACTION

\_\_\_\_\_

### REASON FOR COUNSELING (COLLECTIVE ACTION / DISCIPLINE / REPRIMAND)

- |                                                 |                                  |
|-------------------------------------------------|----------------------------------|
| <input type="checkbox"/> ATTENDANCE / TARDINESS | <input type="checkbox"/> CONDUCT |
| <input type="checkbox"/> PERFORMANCE            | <input type="checkbox"/> SAFETY  |
| <input type="checkbox"/> OTHER (SPECIFY)        |                                  |

### TYPE OF ACTION (CHECK BOX(ES) THAT APPLY)

- |                                      |                                     |            |
|--------------------------------------|-------------------------------------|------------|
| <input type="checkbox"/> COUNSELING  | <input type="checkbox"/> SUSPENSION | # OF DAYS: |
| <input type="checkbox"/> REPRIMAND   | <input type="checkbox"/> DEMOTION   |            |
| <input type="checkbox"/> TERMINATION |                                     |            |

### DESCRIPTION OF INCIDENT

(Include dates, times, places, specific details and a description of the policy/procedure(s) that was not followed)

\_\_\_\_\_

### EXPECTED IMPROVEMENT FOR THE FUTURE (SPECIFIC GOALS)

\_\_\_\_\_

### NEXT ACTION TO BE TAKEN IF EMPLOYEE DOES NOT MEET ABOVE GOAL(S)

\_\_\_\_\_

### ADDITIONAL SUPERVISOR'S COMMENTS

\_\_\_\_\_

### EMPLOYEE COMMENTS

\_\_\_\_\_

I acknowledge, by my below signature, that the contents of this form has been discussed with me. My signature does not imply agreement or disagreement.

### APPROVAL / SIGNATURES:

EMPLOYEE SIGNATURE:	_____	DATE:	_____
	PRINT NAME	SIGNATURE	
SUPERVISOR SIGNATURE:	_____	DATE:	_____
	PRINT NAME	SIGNATURE	
DEPT DIRECTOR'S SIGNATURE:	_____	DATE:	_____
	PRINT NAME	SIGNATURE	
HUMAN RESOURCES SIGNATURE:	Monika Bowles	DATE:	_____
	PRINT NAME	SIGNATURE	
VILLAGE MANAGER SIGNATURE:	Raymond Liggins	DATE:	_____
	PRINT NAME	SIGNATURE	