

Employee Initial Counseling Form

Employee Information

Full Name: _____

Position/Title: _____

Department: _____

Date of Counseling: _____

Reason for Counseling

Reason:

- Job Performance
- Attendance Issues
- Professional Growth
- Other (Specify): _____

Performance Overview

- Strengths: _____
- Areas for Improvement: _____
- Achievements: _____

Goals and Objectives

Short-Term Goals: _____

Long-Term Goals: _____

Employee Feedback

Feedback: _____

Acknowledgment

I, _____ (Employee's Name),

acknowledge the discussion and will work towards the agreed goals and objectives.

Employee's Signature: _____ Date: _____

Counselor's Signature: _____ Date: _____