

Employee Counseling Form Template Word

Employee Information

- Employee Name: _____
- Job Title: _____
- Department: _____
- Employee ID: _____

Counseling Session Details

- Counseling Date: _____
- Supervisor Name: _____
- Location of Counseling: _____

Reason for Counseling

- Attendance Issues
- Poor Performance
- Policy Violation
- Workplace Misconduct
- Conflict with Colleagues
- Other: _____

Incident Details

- Description of Incident: _____
- Date & Time of Incident: _____
- Witnesses (if any): _____

Corrective Action Plan

- Steps to Improve Performance/Behavior: _____
- Follow-up Date: _____

Employee Statement

- **Employee Comments:** _____

Signatures

- **Employee Signature:** _____ **Date:** _____
- **Supervisor Signature:** _____ **Date:** _____
- **HR Representative Signature:** _____ **Date:** _____