

# Employee Counseling Session Form

## Employee Details

- Full Name: \_\_\_\_\_
- Position: \_\_\_\_\_
- Date of Hire: \_\_\_\_\_
- Employee ID: \_\_\_\_\_

## Counseling Session Information

- Date of Session: \_\_\_\_\_
- Conducted By: \_\_\_\_\_
- Supervisor's Name: \_\_\_\_\_

## Nature of Counseling

- Verbal Warning
- Written Warning
- Performance Improvement Plan
- Final Warning

## Reason for Counseling

- Attendance/Tardiness Issues
- Insubordination
- Poor Job Performance
- Policy Violation
- Other: \_\_\_\_\_

## Recommended Actions

- Improvement Plan: \_\_\_\_\_
- Follow-up Review Date: \_\_\_\_\_

## Employee Acknowledgment

- Do you understand why this counseling session is taking place?

Yes  No

- Do you agree with the corrective action plan?

Yes  No

### Signatures

- Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Witness (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_