Counseling Form

Counseling Date: 2 Name of Employee: Job Title: Supervisor Title: Supervisor Name: Incident Date/Performance Period: Job Location: This counseling session is being held because of the following; ☐ Attendance/Absenteeism ☐ Insubordination □ Poor Performance □Non Serious and Casual Attitude □Tardiness and Late Comer□ Weak Supervision Skills ☐ Unprofessional Attitude ☐ Neglect of Duty ☐ Violation of leave policy Other (Specify)\_\_\_ Nature of Incident: Counseling Session UC Sam Corrective Action: Employee Comments: \_ 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. Failure to correct your conduct/performance may lead to further administrative action including discipline. Signature of Employee / Date Date Original to: Employee's Official Personnel File in Human Resources Copies to: Immediate Supervisor