

Counseling Form

TRAINING
CONSULTING

Counseling Date: _____

Name of Employee:	Job Title:
Supervisor Name:	Supervisor Title:
Job Location:	Incident Date/Performance Period:

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
- Violation of leave policy
- Unprofessional Attitude
- Neglect of Duty
- Other (Specify) _____

Nature of Incident: _____

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

Signature of Supervisor /

Date

Original to: Employee
Copies to: Employee's Official Personnel File in Human Resources
Immediate Supervisor