DOCUMENTATION OF EMPLOYEE VERBAL COUNSELING

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Page:** |  | **of** | |  | **Employee’s Name:** | | | | | | Last | | | | | First | | | | | MI |
| **Career ID:** | | |  | | | | | **Rank:** | |  | | **Date:** | |  | | |  | | | | | |
| **Department/Division:** | | | | | |  | | | | | | | | | **Station:** | |  | | **Shift:** | |  | |
| **Initiating Officer/Supervisor:** | | | | | | | Last | | | | | | First | | | | MI | **Rank:** | |  | |
| **Employee Representative (if Present):** | | | | | | | | |  | | | | | | | | | | | | |

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| --- | --- | --- | --- |
| **Is This The Employee’s First Counseling Session?** | | **Yes**  **No** | |
| **Is This The employee’s First Counseling Session Relative To This Issue?** | | | **Yes  No** |
| **Dates:** |  | | |

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| **State reason(s) for counseling session, (include all pertinent details, times, and dates. Use additional forms if necessary):** |
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| **Employee response/comments:** |
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| **SUGGESTIONS FOR IMPROVEMENT** (include all information regarding corrective action, additional training, and the time frames for completion of such training (if applicable): |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Initiating Officer/Supervisor:** | |  | | **Rank:** |  | **Date:** |  |
| **Employee Signature:** |  | | | **Date:** |  |
| **Battalion/Company Commander Initials:** | | |  | **Date:** |  |