

Employee Counseling Form

Counseling Date: _____

Employee's Full Name: Enter employee's full name Job Title: _____

Worksite Employer: Company Name Location: If applicable

This Counseling is being issued because of the following: Select all that apply

- | | | |
|---|---|---|
| <input type="checkbox"/> Attendance/Absenteeism | <input type="checkbox"/> Misuse of Company Property | <input type="checkbox"/> Violation of Lunch/Break Periods |
| <input type="checkbox"/> Behavior/Teamwork | <input type="checkbox"/> Safety Violation | <input type="checkbox"/> Violation of Time Clock Procedures |
| <input type="checkbox"/> Inappropriate Conduct | <input type="checkbox"/> Sleeping on the Job | <input type="checkbox"/> Violence in the Workplace |
| <input type="checkbox"/> Inappropriate Dress | <input type="checkbox"/> Substandard Work | <input type="checkbox"/> Other <i>(specify)</i> _____ |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Tardiness/Punctuality | _____ |

Incident Date: _____ Time of Incident: _____

Nature of Incident: State what expectations he/she did not meet. Describe in detail what occurred, what is unacceptable about the employee's work or actions, and any consequences. Note any past communications with employee on this topic and earlier discipline.

Witness(es) to Incident: Enter more than one if applicable

Corrective Action: State what employee is expected to do to correct the problem and what expectations he/she is to meet. Indicate any actions you, the supervisor, will take in order to support the corrective action.

Employee Comments:

Please keep in mind that you are subject to further disciplinary action, up to and including termination of employment, if you fail to make immediate and sustained improvement. Your employment remains at will, meaning that you or the Company may end your employment at any time, with or without notice or cause.

I understand the above, although I may not agree. I have received a copy of this document that will be placed in my personnel file.

Employee's Signature Date

I decline to sign this Notice, but I know I am subject to further disciplinary action if I do not take the corrective action.

Supervisor's Signature Date

Witness's Signature Date