

COMMENT/RECORD OF COUNSELING

**CENTRAL TEXAS WORKFORCE CENTERS
EMPLOYEE COUNSELING RECORD/COMMENT CONTINUATION SHEET**

Employee Name: _____

Position: _____

Purpose (check one) Counseling: _____ Appraisal Continuation: _____

Narrative:

(Complete for Counseling Only)

Counseling took place on _____ A copy of this record was provided to _____
(Date) (Name)
on _____
(Date)

(Supervisor Signature)

(Date)

(Employee Signature)

(Date)

Employee refused to sign counseling statement: _____
(Signature of Witness) (Date)

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