**ASSOCIATE COUNSELING REPORT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ASSOCIATE NAME: | | JOB TITLE: | | DATE: | |
| OPERATION NO. | | OPERATION NAME: | | LOCATION: | |
| PURPOSE OF CONFERENCE/WORK RULE VIOLATED:  Choose an item.  Choose an item.  Choose an item.  Choose an item. | | | | | |
| DETAILED ACCOUNT OF INCIDENT RESULTING IN CONFERENCE: | | | | | |
| ASSOCIATE’S RESPONSE TO THIS DISCUSSION: *(If the Associate disagrees with any of the information contained in this Associate Counseling Report, the Associate may submit a written statement explaining his/her position):* | | | | | |
| ACTION TAKEN:  (Check “X”)  First  Progressive  Counseling \_\_\_\_\_\_\_ | Second  Progressive  Counseling \_\_\_\_\_\_\_ | | Final  Progressive  Counseling \_\_\_\_\_\_\_ | | Discharge \_\_\_\_\_\_\_ |
| REFERENCE TO PREVIOUS CONFERENCES OR RELATED INCIDENTS: | | | | | |
| This will confirm that the foregoing report has been discussed with the Associate involved and that he/she has been advised that satisfactory improvement must be shown and maintained or further action will be taken. | | | | | |

COPIES TO: SIGNATURE OF MANAGER: DATE:

(Original) \_\_\_\_\_\_\_\_ Associate File \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Copy) \_\_\_\_\_\_\_\_ Associate

SIGNATURE OF WITNESS: DATE: SIGNATURE OF ASSOCIATE: DATE:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_