

EMPLOYEE COUNSELING FORM

Employee Name: _____

Employee Title: _____

Supervisor Name: _____

Supervisor Title: _____

Counseling Date: _____

Incident Date: _____

The reason for issuing this counseling is as follows: (Select all that apply):

☐ Absence/Tardiness

☐ Behavior/Teamwork

☐ Inappropriate Conduct

☐ Poor Performance

☐ Violence

☐ Inappropriate Dress

☐ Violation of Company Policy

☐ Harassment

☐ Substandard Work

☐ Sleeping on the Job

☐ Falsification of Documents/Records

☐ Other: _____

Action Taken:

☐ Verbal Warning

☐ Written Warning

☐ Suspension without Pay

☐ Termination

☐ Other: _____

Description of Incident:

Name of Witness(es) to the Incident:

Summary of Corrective Action Plan to be Taken:



Possible consequences for failure to improve performance or correct behavior:

Employee Statement:

I acknowledge that I have read and understand the above information and consequences. I acknowledge that I have received a copy of this form.

Further, I understand that my employment is voluntarily entered into, that I am free to resign at any time and that _____ [Employer Name] may terminate the employment relationship whenever it so determines with or without notice or cause. I understand that I am employed at will, and nothing contained on this form or discussed related to this counseling modifies my at-will employment status.

_____ Employee Signature	_____ Employee Name	_____ Date
_____ Supervisor Signature	_____ Supervisor Name	_____ Date
_____ Witness Signature	_____ Witness Name	_____ Date

