MATHNASIUM' The Math Learning Center		Employee C	ounseling and/or Separation Report
EMPLOYEE NAME (Last, First, M.I.)		EMPLOYEE ID NUMBER	LOCATION
VIOLATION DATE	SHIFT (Include times if possible))	
COUNSELED DATE SEPARATION DATE, LAST DAY		Y WORKED (IF APPLICABLE)	MANAGER'S NAME - Please Print
PLACE X IN APPROPIATE BOX / BOXES	1		
Action Taken:	Verbal Warning Suspension	Written Warning Voluntary Separation	Involuntary Termination
PLACE X IN APPROPIATE BOX / BOXES. (Check all that apply)			
Warning Reason:			
Attendance Failure to Control Company Funds or Inventory			
Insubordination Failure to Follow Work Procedures			
Instructional Issues Other - Explain Below			
Uncooperative Attitude/Behavior			
Violation of Company Rules/Policies			
Remarks (Describe in detail the facts or events of the violation, and time(s) of incident(s), which require corrective action. Use the back of this form if needed.)			
Re: Violation			
Failure to Improve: State disciplinary action which will be taken if there is no improvement.			
PREVIOUS WARNING: Has the employee I If Yes, check one of the boxes	below and list the date(s) of the		No
Verbal Warning(s			
Written Warning(s) Dates:			
Employee Remarks: (In case of resignation ask employee to state effective date and reason for resignation in this section.) I have reviewed this document and discussed the contents with my supervisor. My signature means that I have been advised of my			
performance status and does not necessarily imply that I agree with this evaluation.			
EMPLOYEE'S SIGNATURE			DATE
MANAGER'S SIGNATURE AND TITLE			DATE