



## Employee Counseling 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 WORKED (IF APPLICABLE)	MANAGER'S NAME - Please Print	
PLACE X IN APPROPRIATE BOX / BOXES			
<b>Action Taken:</b> <input type="checkbox"/> Verbal Warning <input type="checkbox"/> Written Warning <input type="checkbox"/> Involuntary Separation <input type="checkbox"/> Suspension <input type="checkbox"/> Voluntary Separation			
PLACE X IN APPROPRIATE BOX / BOXES. (Check all that apply)			
<b>Warning Reason:</b>			
<input type="checkbox"/>	Absenteeism/Tardiness	<input type="checkbox"/>	Failure to Control Company Funds/Inventory
<input type="checkbox"/>	Insubordination	<input type="checkbox"/>	Failure to Follow Work Procedures
<input type="checkbox"/>	Employee/Customer Relations	<input type="checkbox"/>	Failure to Observe Safety Regulations
<input type="checkbox"/>	Uncooperative Attitude/Behavior	<input type="checkbox"/>	Other - Explain Below
<input type="checkbox"/>	Violation of Company Rules/Policies		
<b>Remarks</b> (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.)			
<b>Re: Violation</b>			
<b>Failure to Improve:</b> State disciplinary action which will be taken if there is no improvement.			
<b>PREVIOUS WARNING: Has the employee been previously counseled/disciplined?</b> YES No			
If Yes, check one of the boxes below and list the date(s) of the warnings			
<input type="checkbox"/>	Verbal Warning(s)	Dates: _____	
<input type="checkbox"/>	Written Warning(s)	Dates: _____	
<b>Employee Remarks:</b> (In case of resignation ask employee to state effective date and reason for resignation in this section.)			
<b>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.</b>			
EMPLOYEE'S SIGNATURE		DATE	
MANAGER'S SIGNATURE AND TITLE		DATE	

DISTRIBUTION: PLACE IN EMPLOYEE'S PERSONNEL FILE