

## CASH VIOLATION COUNSELING STATEMENT STORE # \_\_\_\_\_

- Cash violations of less than \$3.00 (+/-) do not require a counseling session but must be logged on the incident tracking sheet
- Cash violations between \$3.00 and \$20.00 (+/-) require a counseling session
- Cash violations of more than \$20.00 (+/-) require a counseling session and an investigation to be copied to the Supervisor
- Cash violations of more than \$50.00 (+/-) require a counseling session and an investigation. The Supervisor must be notified within 24 hours.

EMPLOYEE NAME: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
(First) (Last)

EMPLOYEE #: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE OF VIOLATION: \_\_\_\_\_

REPEAT INFRACTION? \_\_\_\_\_ PRIOR DOCUMENTED DATES: \_\_\_\_\_

Register Sales total for the shift: \_\_\_\_\_ Register number or location: \_\_\_\_\_

Scheduled hours on shift: \_\_\_\_\_

Did anyone else ring on the drawer? If yes, list all names. \_\_\_\_\_

Cash Violation- Check all that apply

- \_\_\_\_\_ Shortage of \_\_\_\_\_
- \_\_\_\_\_ Overage of \_\_\_\_\_
- \_\_\_\_\_ Improper void or overring
- \_\_\_\_\_ Other violation (explain in detail) \_\_\_\_\_
- \_\_\_\_\_ Did not check \$50 or \$100 bills with counterfeit pen
- \_\_\_\_\_ Did not check signature on credit card

\_\_\_\_\_ See attached (receipts, videotape, etc.)

### COURSE OF ACTION/EMPLOYER'S COMMENTS

(Review cash handling policy/sign-off, retraining, removal from cash for 2 weeks, etc.) \_\_\_\_\_

CONSEQUENCE OF REPEAT VIOLATIONS \_\_\_\_\_

EMPLOYEE'S STATEMENT-This counseling statement will still be a part of your record even if you don't sign it.

Please write your comments below and initial, even if you refuse to sign.

\_\_\_\_\_ I agree with the Employer's description of Violation

\_\_\_\_\_ I disagree with the Employer's description of Violation for the reasons listed below

EMPLOYEE PLAN TO PREVENT FUTURE INCIDENTS OR EXPLAIN ACTION \_\_\_\_\_

_____ Employee's printed name	_____ Employee's signature	_____ Today's Date
_____ Manager's printed name	_____ Manager's signature	_____ Today's Date
_____ Witness printed name	_____ Witness signature	_____ Today's Date

Original White Copy – Payroll Dept.

Yellow Copy – Confidential Store Copy

Pink Copy – Employee Copy

Cash Violation Counseling Statement

Store Documents/Human Resources/Blank Counseling Statements

10-20-05