

GENERAL COUNSELING STATEMENT

STORE # _____

EMPLOYEE NAME _____
(First) (Last)

TODAY'S DATE: _____

EMPLOYEE #: _____ POSITION: _____ DATE OF VIOLATION: _____

REPEAT INFRACTION? _____ PRIOR DOCUMENTED DATES _____

VIOLATION EXPLANATION (List code # from Policy Manual)

EMPLOYER'S COMMENTS (how did this action specifically affect the business)

_____ See attached (receipts, videotape, order bags, etc.)

COURSE OF ACTION _____

CONSEQUENCE OF REPEAT VIOLATION _____

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'S 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