

# ATTENDANCE COUNSELING STATEMENT

STORE # \_\_\_\_\_

To be used for missed shifts and when an Employee is late by an hour or more

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

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

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

What time was the employee scheduled to work? \_\_\_\_\_

☐ **LATE:** Did the employee call to let a manager know that they would be late? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what time did they call? \_\_\_\_\_ Which manager did they speak with? \_\_\_\_\_  
What time did the employee arrive? \_\_\_\_\_

☐ **MISSED SHIFT** (called, but did not come in):  
Which manager did the employee call in and speak with? \_\_\_\_\_  
Did the employee attempt to find a replacement for their shift? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, were they successful? Yes \_\_\_\_\_ No \_\_\_\_\_ Was the replacement qualified? Yes \_\_\_\_\_ No \_\_\_\_\_

☐ **NO CALL, NO SHOW**  
\_\_\_\_\_ See attached (schedules, incident tracking form, etc.)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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