

Employee Corrective Counseling

Employee:	Date
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Type of Corrective Counseling and comments:

	Verbal, Counseling		Verbal Written
	Written Warning		Final Written 30-day Probation
	Written Plan Extended		
	Final Written		(Suspension/Termination)

Performance improvement is required due to:

	Excessive Absences/Tardiness		Failure to Follow Instructions
	Unreported Absence		Violation of Safety Rules
	Unsatisfactory Work Performance		Rudeness to Customer
	Carelessness of Work		Insubordination
	Violation of BHN Policy/Values		Other:

Date/Time of incident/concern:

Nature of discussion/incident:

Impact on Behavioral Health Network:

Employee:	Date
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Performance expectations/improvement required:

It is expected that

will:

Follow-up date(s):

Employee's comments:

I acknowledge that I have read this Employee Corrective Counseling plan and have reviewed its contents. I understand that further incidents of this kind or any other violations of other agency rules or procedures, may result in disciplinary action up to and including termination. Employee's signature below acknowledges receipt of this document.

Employee/Date

Manager/Date