

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ TS File #: \_\_\_\_\_

Worksite Employer: \_\_\_\_\_ Company Code: \_\_\_\_\_ Paygroup: \_\_\_\_\_

**Purpose:** To provide a formal opportunity for a supervisor to help an employee understand where improved performance is expected, and to provide a written record of each counseling session:

- ☐ Counseling Session
- ☐ Verbal Warning
- ☐ Written Warning
- ☐ Final Written Warning
- ☐ Suspension

*There is no requirement that all steps in the discipline progression must be followed; the company has discretion to decide on the penalty depending on the nature of the offense.*

**PROBLEM AREA** (Note below specific problems, issues, occurrences, dates, times, etc.):

- ☐ Disregard for Supervisor/Co-Worker/Client/Customer
- ☐ Absenteeism
- ☐ Tardiness
- ☐ Failure to do a job (note below specific problems)
- ☐ Gross Misconduct (e.g. assault, embezzlement, destruction of company property; note below specific problems)
- ☐ Failure to Comply with company policy and/or procedure (note below specific problems)
- ☐ Other (note below specific problems)

**PROBLEM DEFINITION:** List below specific reason(s) why this person is being counseled.

---

---

---

---

---

**IMPROVEMENT REQUIRED:** List specific actions the employee must take to correct the situation or behavior.

---

---

---

---

---

**SUGGESTED MEANS OF IMPROVEMENT:** List below specific goals, objectives and measurement standards that you and the employee have agreed to, and in what time frame.

---

---

---

---

---

**EMPLOYEE COMMENTS:**

---

---

---

---

---

---

Was this counseling decision discussed in advance with an ADP TotalSource Human Resources professional?

☐ Yes    ☐ No. If yes, state the person's name:

**FAILURE TO COMPLY WITH THE ABOVE WITHIN THE SPECIFIED PERIOD, OR FURTHER VIOLATIONS OF COMPANY POLICIES AND PROCEDURES, WILL RESULT IN FURTHER DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.**

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**My signature acknowledges that I have received this counseling record:**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_