

# Written Counseling

- Verbal Warning
- 1<sup>st</sup> Written
- 2<sup>nd</sup> Written
- Final Written
- Other: \_\_\_\_\_

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

I acknowledge that I have been counseled regarding the following matter(s). I understand that if these actions continue, further discipline may result (including termination of my employment):

Reason:

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Action Taken:

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Supervisor

Signature: \_\_\_\_\_

Employee

Signature: \_\_\_\_\_

Date: \_\_\_\_\_