

EMPLOYEE COUNSELING REPORT

To Employee:	
Job Title/Department:	
From Supervisor:	
Job Title:	
Date:	

TYPE OF ACTION:

<input type="checkbox"/> Verbal counseling	<input type="checkbox"/> Suspension with pay effective: _____
<input type="checkbox"/> Written warning or reprimand	<input type="checkbox"/> Suspension without pay effective: _____
<input type="checkbox"/> Performance Improvement Plan	<input type="checkbox"/> Intent to terminate effective: _____

AREAS OF CONCERN:

<input type="checkbox"/> WORK PERFORMANCE	<input type="checkbox"/> WORK CONDUCT
<input type="checkbox"/> Essential duties not performed	<input type="checkbox"/> Policy violation
<input type="checkbox"/> Performance expectations not met	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Poor interpersonal relations	<input type="checkbox"/> Excessive absences/tardiness
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

PREVIOUS ACTIONS:

<input type="checkbox"/> Verbal counseling	Date(s): _____
<input type="checkbox"/> Written warning or reprimand	Date(s): _____
<input type="checkbox"/> Performance Improvement Plan	Date(s): _____

SUPERVISOR COMMENTS:

Supervisor Signature: _____ Date: _____

Employee Signature: _____ Date: _____

I understand that my signature above indicates only that I have received this report and any attached document. It does not necessarily mean that I agree with the statements contained herein. My comments are attached. Comments are not attached.

FOR SUSPENSIONS AND TERMINATIONS ONLY:

Department Head: _____ Date: _____

Dean or Administrative Head: _____ Date: _____

Director of Human Resources: _____ Date: _____

Vice President (or President if appropriate): _____ Date: _____

Distribution: With exception of verbal counseling, all original counseling reports and supporting documents will be sent to Human Resources for employee's personnel files. Copies of all counseling reports are kept in department files and given to employee.