

OKLAHOMA BAPTIST UNIVERSITY

Employee Counseling Form

Employee Information

Employee Name: _____ Date: _____
Employee ID: _____ Job Title: _____
Manager: _____ Department: _____

Type of Notice

☐ Verbal Warning ☐ Written Warning ☐ Suspension w/out pay ☐ Discharge Recommendation

Type of Offense

<input type="checkbox"/> Tardiness/Leaving Early	<input type="checkbox"/> Absenteeism	<input type="checkbox"/> Violation of University Policies
<input type="checkbox"/> Substandard Work	<input type="checkbox"/> Violation of Safety Rules	<input type="checkbox"/> Rudeness to Students/Coworkers
<input type="checkbox"/> Falsification of records	<input type="checkbox"/> Improper care/use of property	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Other: _____		

Details

Description of Infraction:

Plan for Improvement:

Consequences of Further Infractions:

Acknowledgement of Receipt of Warning

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Employee Signature

Date

Manager Signature

Date

Witness Signature (if employee understands warning but refuses to sign)

Date