



EMPLOYEE COUNSELING FORM

EMPLOYEE NAME:	DATE: / /
POSITION:	TIME:
DEPARTMENT:	

REASON FOR COUNSELING:

- | | |
|---|---|
| <input type="checkbox"/> INSUBORDINATION | <input type="checkbox"/> UNSATISFACTORY WORK PERFORMANCE |
| <input type="checkbox"/> DISRUPTIVE WORK BEHAVIOR | <input type="checkbox"/> REFUSAL TO PERFORM ASSIGNED WORK |
| <input type="checkbox"/> EXCESSIVE ABSENCE OR LATENESS | <input type="checkbox"/> VIOLATION OF SAFETY RULES |
| <input type="checkbox"/> VIOLATION OF TOWN POLICY # _____ | <input type="checkbox"/> OTHER (EXPLAIN): _____ |

PRIOR COUNSELING RECORD: List last three counseling sessions.

Date / /	Counseling Action Taken:	Reason:
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Date / /	Counseling Action Taken:	Reason:

COUNSELING ACTION TAKEN:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> VERBAL WARNING | <input type="checkbox"/> DISCHARGE |
| <input type="checkbox"/> WRITTEN WARNING | <input type="checkbox"/> OTHER: _____ |
| <input type="checkbox"/> SUSPENSION _____ | |

DESCRIPTION OF INCIDENT: Please describe in a complete but concise manner, exactly what behavior the employee displayed which caused this counseling form to be issued. Please provide all relevant information, including names and dates.

CORRECTIVE ACTION TO BE TAKEN: What steps will employee take to correct their inappropriate work behavior?

EMPLOYEE'S COMMENTS:

- ☐ I agree with the action taken for the following reason (s):
- ☐ I disagree with the action taken for the following reason (s):

EMPLOYEE'S SIGNATURE: _____	DATE: _____/_____/_____
SUPERVISOR'S SIGNATURE: _____	DATE: _____/_____/_____