

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: _____