



Coaching and Counseling Form

*Please attach a separate page and/or any additional documentation you find necessary.

Employee Name (print): _____ Job Title: _____

Location Name: _____ Date of Occurrence: _____

*Detailed explanation of reason(s) for discussion (include what action needs improvement and why it can't continue):

*Actions employee will take to correct/improve their performance or behavior:

Action Taken: ☐ Coaching ☐ Counseling ☐ Warning ☐ Termination

Failure to change performance or behavior as indicated may result in further supervisory action:

☐ Further Coaching ☐ Further Counseling ☐ Warning ☐ Termination

Supervisor's Name: _____ Date: _____
(Print) (Signature)

Regional Manager's Name: _____ Date: _____
(Print) (Signature)

Witness Name (if present): _____ Date: _____
(Print) (Signature)

*Employee remarks (if any):

Employee Signature: _____ Date: _____

A copy of this document will be placed in my personnel file. My signature indicates only that I have read and understood this form.

John F. Ryan: _____
(Signature & Date)

Doreen K. Stowers: _____
(Signature & Date)

Melissa Totten: _____
(Signature & Date)