

# Employee Counseling Statement

Employee Name \_\_\_\_\_

Date \_\_\_\_\_

## Reason for Conference

\_\_\_\_\_ Violation of Center Policy/Procedure

\_\_\_\_\_ Suspension Pending Investigation

\_\_\_\_\_ Sub-Standard Job Performance

\_\_\_\_\_ Other

What Policy(ies), Procedure(s), Standard(s) was not followed?

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## Details of the Incident/Allegation

What Specifically Occurred

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When (Date and Time)

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Time \_\_\_\_\_

Where (Location, Classroom, Area of Classroom) \_\_\_\_\_

How (What Lead to Incident) \_\_\_\_\_

Who Reported Incident (may omit for confidentiality purposes) \_\_\_\_\_

Were there witnesses (may omit names for confidentiality purposes) \_\_\_\_\_

## Investigation of Incident

Did the Employee admit violating policy/procedure/standard? \_\_\_\_\_ Yes \_\_\_\_\_ No

Were witnesses interviewed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Summary of Investigation:

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## Previous Counseling of Employee on Performance

\_\_\_\_\_ Verbal

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Concern Addressed \_\_\_\_\_

\_\_\_\_ Written      Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Concern Addressed \_\_\_\_\_

\_\_\_\_ Written      Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Concern Addressed \_\_\_\_\_

\_\_\_\_ Written      Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Concern Addressed \_\_\_\_\_

\_\_\_\_ Performance Appraisal      Date \_\_\_\_/\_\_\_\_/\_\_\_\_      Concern Addressed \_\_\_\_\_

**Counseling Statement Results**

\_\_\_\_ Unfounded (Employee may return to work)

\_\_\_\_ Written Warning: (Employee may return to work knowing future warnings could result in termination.)

\_\_\_\_ Termination

**Outcomes:**

Future Expectations of Employee to avoid a similar incident:

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Consequences if expectations are not met, performance isn't improved, or other violations are repeated:

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Employee Comments

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Employees Signature: \_\_\_\_\_

Director's Signature: \_\_\_\_\_

Witness Signature: \_\_\_\_\_