

Employee Performance Counseling

Employee Name: _____

SS#: _____

Position: _____ Supv. Name: _____ Date: _____

This record is designed to document a negative incident and should be placed in the employee's file. The purpose is to build a picture of the employee's performance to aid management in the proper evaluation of job related performance.

DATES OF PREVIOUS COUNSELING Verbal _____ Initial Warning _____ Final Warning _____

PERFORMANCE VIOLATION(S)

1	Unlawful Discrimination / Sexual Harassment
2	Falsification of records or misleading statement or omission. Committing a fraudulent act.
3	Falsification of time worked, time cards, or reports
4	Theft or Unauthorized removal of Co. funds or property
5	Unauthorized use or misuse of company equipment, time, materials, or facilities
6	Working under the influence of alcohol while working
7	Use, possession, or distribution of drugs or failure, inconclusiveness, or refusal of drug/alcohol test
8	Excessive or inappropriate communication of a personal nature on company time
9	Unauthorized possession of firearms or dangerous weapons
10	Failure to report work related: misconduct, criminal activity, or suspicion to management
11	Improper conduct, Insubordination, Failure to carry out a reasonable request of an appropriate supervisor
12	Failing to notify Supervisor when unable to work
13	Leaving Dept. w/o permission or Notifying Mgmt.
14	Failure to observe schedule: Unexcused and / or repeated tardiness and / or absenteeism and / or excessive breaks
15	Abusing PTO or LOA policies

16	Sleeping, malingering, or loitering on the job
17	Working unauthorized overtime or refusing assigned overtime
18	Safety, health, or security violations
19	Abusive, Profane, or Obscene language on job
20	Unprofessional, rude or discourteous behavior to customer, employee or vendor or customer complaint.
21	Inability to complete or pass training
22	Mishandling of client information causing errors in service, reporting, or account information
23	Excessive use of phone for Personal Phone Calls
24	Dress Code or Grooming Violation
25	Unsatisfactory performance, Failure to complete work, Not maintaining minimum acceptable job requirements
26	Causing, creating, or participating in a disruption of any kind during working hours or on company property
27	Failure to provide requested documentation
28	Change in Work Availability not approved by Mgmt.
29	Improper use or breach of confidentiality, trust and/or disclosure of company or personnel information
30	Other:

** Some violations may result in immediate termination*

What is the SPECIFIC ISSUE/ PROBLEM or opportunity for improvement? (Indicate where applicable the policy, rule, or regulation affected.)



How does the issue / problem / condition impact work? (Provide examples)

What is the previous history or events? (Describe the history, with dates if available, or whether issue/problem is new.)

What is the expected SPECIFIC ACTION PLAN for continued improvement or behavior? (Recommended to list steps or action to be taken)

What is the time frame for improvement, if necessary? (Give concise dates as to what is expected and when; establish follow-up date.)

What are the consequences of non-improvement? (If changes do not occur, what will happen?)

Follow-up (if required): Date: _____ Time: _____ Place: _____

SUPERVISOR / MANAGER ACKNOWLEDGMENT & ACTION TAKEN (* Requires Mgmt. Review & Approval)

Verbal Warning Initial Warning Final Warning (____) Day Probation*
 Demotion* (Performance Issues only) Separation/Termination* Suspension* _____ days - (w/Pay or l w/out Pay)

For all warnings and suspensions:

- The Warning and/or Suspension period begins (the date this official warning is given):
- The Warning period ends _____ (generally a 6 -12 month probation period from last repeated occurrence)
- During the Warning period there should be a formal follow-up conversation to review Progress vs. Specific Actions(s) required. This should be done _____ days after the warning is given.

I acknowledge that I have discussed this warning / acknowledgement with the employee, set an action plan and have given him/her a copy (if so asked) and the original signed copy has been recorded in the employee's personnel file.

Immediate Supervisor/Manager: _____ Date: _____

Next Level Supervisor/Manager/Owner: _____ Date: _____

EMPLOYEE ACKNOWLEDGMENT

- I acknowledge that this issue or problem was discussed with me and I may receive a copy if requested and that this will also become a part of my personnel record.
- I acknowledge that failure to correct this situation within the time frame indicated will result in further counseling action up to and including termination of employment.

Comments: _____

Employee Signature: _____ Date: _____