

State Personnel System Employee Counseling Session

At the supervisor's discretion, this form may be used to document an employee counseling session. When completed, the employee should receive a copy and the original form should be retained by the supervisor. The counseling session may be mentioned in the employee's performance appraisal; however, the form is not placed in the employee's official personnel file. If formal corrective or disciplinary action is appropriate, such as a letter of reprimand, do not use this form. Contact the agency Human Resources office for guidance if needed.

Employee's Name: _____ **Job Title:** _____

Supervisor's Name: _____ **Job Title:** _____

Date of Counseling: _____

Background

Provide a brief summary of the issue(s) that led to this counseling session. If applicable, attach relevant documentation.

Coaching/Direction

Outline what the employee is expected to do in the future. If applicable, include time frames for required improvement and/or consequences of failure to comply.

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Employee's Name: _____ Date of Counseling: _____

Employee Comments

The employee may provide comments in this section, if so desired.

By signing this form, the employee and supervisor acknowledge that the counseling session took place. Nothing in this document changes the fact that all uncovered employees of the State are at-will employees and serve at the pleasure of the appointing authority.

Employee's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____