

THE UNIVERSITY OF
ALABAMA

EMPLOYEE CORRECTIVE COUNSELING FORM

This form is used as a guide for the supervisor when documenting issues that need attention under the provisions of the University Progressive Disciplinary Procedures. When completed, it serves as a written record of corrective counseling conducted with an employee pertaining to violation of one or more University rules.

EMPLOYEE NAME

CAMPUS WIDE ID NUMBER

JOB TITLE

DEPARTMENT

Which form of counseling applies?:

Verbal Counseling

Suspension for Working Days

Written Counseling

Beginning / and ending /

Final Written Counseling

Without Pay With Pay

Dismissal Effective Date: /

Date and Time of Incident:

Issues and Policies Discussed:

Facts and Events Leading to the Discussion:

Why a Concern:

Action Steps for Improvement:

Follow-Up Date:

30 Days

60 Days

Days

This date will occur on: / /

Previous Counseling Summary:

Same Policies? No Yes

Description and Dates:

Other Policies? No Yes

Description and Dates:

Consequences of Failure to Improve:

Further Disciplinary Action Dismissal Will Be Recommended

Further Disciplinary Action up to and including Termination

Supervisor's Signature

Date

Dean/Director's Signature

Date

To the employee:

This written record of corrective counseling is being issued based on your violation of one or more University rules or for poor performance. This report will remain in your employee personnel file. You are being provided a copy of this Corrective Counseling Form.

The employee's signature indicates he or she has seen this report and that the contents have been reviewed with him or her. The signature does not necessarily indicate agreement.

Employee's Signature

Date