



Employee Counseling Form

EMPLOYEE DETAILS

Counseling Date		Employee ID#:	
Time of counselling		Job Title:	
Employee's Full Name		Location:	

COUNSELLING CONDUCTED BY:

Name		Signature	
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This Counseling is done because of the following (Tick all that apply):

Attendance, Tardiness, Punctuality	Bad Behavior/Teamwork	Inappropriate Conduct
Inappropriate Dressing	Sleeping on the Job	Poor Customer Service
Safety Violation	Any form Violence	Insubordination
Substandard Work	Spreading Office Gossip	Other (state)

Incident Date: _____

Time of Incident: _____

Describe the nature of the incident (If applicable):

Corrective Action agreed to be taken to harmonize the conflict or situation:

Employee Comments:

This form is intended to help direct the employee onto a successful path in the work place. It is important to make immediate and sustained improvement and the failure to do so could result in further disciplinary action, up to and including termination of employment.

Employee's Signature

Print Name

Date

Manager/ Supervisor's Signature

Print Name

Date

Witness's Signature

Print Name

Date