

Employee Counseling Form

Counseling Date: _____

Employee's Full Name: _____ Job Title: _____

Worksite Employer: _____ Location: _____

This Counseling is being issued because of the following (Select all that apply):

Attendance Behavior/Teamwork Inappropriate Conduct
 Inappropriate Dress Safety Violation Sleeping on the Job
 Substandard Work Violence Other _____

Incident Date: _____ Time of Incident: _____

Describe the nature of the incident (If applicable):

Name of Witness(es):

Corrective Action:

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

Supervisor's Signature

Print Name

Date

Witness's Signature

Print Name

Date

