



## Employee Counseling Form

Employee Name \_\_\_\_\_

Date of Notice \_\_\_\_\_

Date of Violation \_\_\_\_\_

**Nature of Violation**

- Poor Performance
- Absence/Tardiness
- Violation of Company Policy
- Insubordination
- Falsification of Documents/Records
- Harassment
- Other \_\_\_\_\_

**Action Taken**

- Verbal Warning
- Written Warning
- Suspension
- Termination
- Other \_\_\_\_\_

**Summary of violation (Attach any additional documentation)**

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**Summary of corrective plan of action (Attach any additional documentation)**

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Follow up date(s) \_\_\_\_\_

<b>EMPLOYEE SIGNATURE</b> _____	<b>DATE</b> _____
<b>SUPERVISOR/MANAGER SIGNATURE</b> _____	<b>DATE</b> _____
<b>HUMAN RESOURCES RECEIVED</b> _____	<b>DATE</b> _____

The University reserves the right to begin the performance improvement process at any level. Under appropriate circumstances, suspension may be immediate. The form of discipline depends on the circumstances, including performance, attendance, and behavior issues.

The employee signature is intended only to acknowledge receipt of the notice; it does not imply agreement or disagreement with the notice itself. If you refuse to sign, the supervisor/manager will be asked to initial the form indicating that you received a copy of the form.

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