

Record of Coaching/Counseling Session

Date:

Employee Name:       Empl. ID:

Department:

The following counseling has taken place *(place a* ***√*** *in one of the following boxes)*:

[ ]  Lateness

[ ]  Unexcused absences

[ ]  Stopping work before the designated time

[ ]  Inappropriate conduct of poor judgment that may interfere with another employee**’**s work

[ ]  Failure to follow established leave request procedures/policies

[ ]  Disregard of stated Department uniform and staff identification procedures and policies

[ ]  Failure to follow timekeeping procedures, as required (e.g. swiping timecard, etc.)

[ ]  Other

Summary of incident and/or reason for warning:

Summary of corrective action needed:

It is expected that the condition noted above will be corrected immediately. In the event this condition is not corrected, or another offense occurs, you will be subject to further disciplinary action, up to and including termination.

Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Your 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, someone in a supervisory position will be asked to initial the form indicating that you received a copy of the form.)

Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_