

# 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):**

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**Name of Witness(es):**

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**Corrective Action:**

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**Employee Comments:**

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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

