



### EMPLOYEE COUNSELING FORM

<b>EMPLOYEE NAME:</b>	<b>DATE:</b> /     /
<b>POSITION:</b>	<b>TIME:</b>
<b>DEPARTMENT:</b>	

**REASON FOR COUNSELING:**

- INSUBORDINATION
- DISRUPTIVE WORK BEHAVIOR
- EXCESSIVE ABSENCE OR LATENESS
- VIOLATION OF TOWN POLICY # \_\_\_\_\_
- UNSATISFACTORY WORK PERFORMANCE
- REFUSAL TO PERFORM ASSIGNED WORK
- VIOLATION OF SAFETY RULES
- OTHER (EXPLAIN): \_\_\_\_\_

**PRIOR COUNSELING RECORD:** List last three counseling sessions.

Date / /	Counseling Action Taken:	Reason:
Date / /	Counseling Action Taken:	Reason:
Date / /	Counseling Action Taken:	Reason:

**COUNSELING ACTION TAKEN:**

- VERBAL WARNING
- WRITTEN WARNING
- SUSPENSION \_\_\_\_\_
- DISCHARGE
- OTHER: \_\_\_\_\_

**DESCRIPTION OF INCIDENT:** Please describe in a complete but concise manner, exactly what behavior the employee displayed which caused this counseling form to be issued. Please provide all relevant information, including names and dates.

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**CORRECTIVE ACTION TO BE TAKEN:** What steps will employee take to correct their inappropriate work behavior?

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**EMPLOYEE'S COMMENTS:**

- I agree with the action taken for the following reason (s):
- I disagree with the action taken for the following reason (s):

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**EMPLOYEE'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**SUPERVISOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_