



PERFORMANCE COUNSELING RECORD

Employee: _____ Employee ID: _____ Date: _____

Job Title: _____ Department: _____

General Nature of Discussion:

- Attendance
- Quality of Work
- Quantity of Work
- Conduct
- Other

Specific circumstances:

Corrective action required.

What follow-up action is planned? (Specify date if necessary.)

Employee comments:

My signature means that is issue has been discussed with me. I understand that my signature does not necessarily indicate agreement.

Employee's Signature/Date

Supervisor's Signature/Date

Second Level Supervisor's Signature/Date

DISTRIBUTION Employee Second Level Supervisor Departmental File