

# **EMPLOYEE COUNSELING FORM TEMPLATE:**

**Team Member Name:** \_\_\_\_\_

**Team Member Role:** \_\_\_\_\_

**Date of Counseling:** \_\_\_\_\_

**Supervisor's Name:** \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_

## **Reason for Counseling**

Circle One:

Tardiness/Absence

Behavior/Teamwork

Inappropriate Conduct/Dress

Poor Performance

Safety Violation

Violation of Company Policy

Other: \_\_\_\_\_

## **Action Taken**

Circle One:

Verbal Warning

Written Warning

Suspension

Probationary Period

Termination

Other: \_\_\_\_\_

## **Description of Incident**

## **Summary of Corrective Action(s) to be Taken**

**Signature of Employee:** \_\_\_\_\_

**Signature of Supervisor Administering Counseling:** \_\_\_\_\_