

EMPLOYEE LETTER OF COUNSELING

Employee Name: _____ Date of Notice _____

Position Title: _____

Type of Problem () Tardiness () Absenteeism () Insubordination () Quality of Work
() _____

Problem Occurred on: Date: _____ Time _____ Place: _____

Action Taken on this notice:

- (_____)
- () Verbal with Counseling () First Written with Discussion
() Second Written with Discussion () Disciplinary Action

Supervisor Discussion with Employee: _____

Employee Comments: _____

This information will be placed in your file and a copy sent to Human Resources along with any disciplinary action taken.

Employee Signature: _____

Witness (Union Rep): _____

Supervisor Signature: _____