



## EMPLOYEE COUNSELING FORM

- Verbal Written Warning
- Written Warning
- Final Written Warning
- Termination

Employee Name: \_\_\_\_\_

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

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Description of incident/violation:

Violation Type \_\_\_\_\_ (Reference Employee Handbook for page number)

- |  |   |
|--|---|
| <input type="checkbox"/> Insubordination               | <input type="checkbox"/> Violation: Drug and Alcohol Policy           |
| <input type="checkbox"/> Failed to Report to Work      | <input type="checkbox"/> Misappropriation of Company Funds / Property |
| <input type="checkbox"/> Fighting                      | <input type="checkbox"/> Unexcused / Excessive Tardiness or Absences  |
| <input type="checkbox"/> Failure to Report an Accident | <input type="checkbox"/> Willful Failure to Perform Job               |
| <input type="checkbox"/> Job Performance               | <input type="checkbox"/> Violation of the Safety Rules                |
| <input type="checkbox"/> Other- _____                  |   |

Describe incident below (Use additional form if needed):

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This is a violation of company rules. If this occurs again or if there is any other violation of company work rules in the future, you will be subject to further disciplinary actions up to and including termination.

Supervisor/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I acknowledge receipt of such and acknowledge that this document will become part of my personnel file.

Employee refused to sign

\_\_\_\_\_  
Witness

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you disagree with this action you have the right to respond in writing to your manager within 10 days.