Employee Counseling Form

BASIC INFORMATION

Employee name: _____ Job title/department: _____

Employer: _____ Manager/supervisor name: _____

Incident date: _____ dd / mm / yyyy Incident time: _____

Date of counseling: _____ dd / mm / yyyy Name of others present at session: _____

COUNSELING INFORMATION

Reason for counseling:

- [ ] Tardiness or absences
- [ ] Job performance
- [ ] Failed to report to work
- [ ] Behavior
- [ ] Safety violation
- [ ] Inappropriate conduct
- [ ] Violence
- [ ] Other

Description of workplace issue:

Summary of corrective plan of action:

Employee statement:

Follow-up date: _____ dd / mm / yyyy

Employee signature:
Date: _____ dd / mm / yyyy

Manager/supervisor signature:
Date: _____ dd / mm / yyyy

Witness signature:

Date: _____ dd / mm / yyyy HR received: _____

Date: _____ dd / mm / yyyy