



Counseling Form

Employee's Name (Last, First, MI):

Employee #:

Department:

Position:

Date(s) of Incident:

Details of Counseling:

Check box if additional documentation is attached

Recommended by:

Immediate Supervisor

Date

Approved by:

Department Director

Date

Acknowledgement of Employee: I hereby acknowledge receipt of this notice. I do / do not wish to submit written comments of my own about this matter.

Employee Signature

Date

Witness Signature

Date