



CORRECTIVE COUNSELING FORM

Today's Date: _____

Name: _____

Employee #: _____

Job Title: _____ Department: _____

Type of Action: *(check one)*

___ Verbal Warning

___ Written Warning

___ Suspension

___ Discharge

1. **INCIDENT:** Describe situation (behavior, performance, policy violation, etc.) that occurred. Include date(s), time(s), location(s), effect(s) of incident on employee's work or other employee, and all other relevant circumstances or contributing factors. Please be specific in stating observable behaviors and comments whenever possible.

2. **GOALS AND TIME FRAME FOR IMPROVEMENT:** What specific actions, and within what time frame, are to be accomplished to improve the behavior/performance?

3. **CONSEQUENCES:** What are positive results of employee meeting goals/negative results of employee not meeting goals?

4. **FOLLOW-UP REVIEW DATE:** _____

5. **EMPLOYEE'S COMMENTS:** My supervisor has reviewed the above situation with me and my comments are as follows:

I understand that my signature indicates only that this incident has been reviewed with me and does not indicate agreement or disagreement with the action taken.

Manager's Signature: _____

Date: _____

Employee's Signature: _____

Date: _____

Employee HAS REFUSED to sign this Corrective Counseling Form.

Manager's Signature: _____

Date: _____

Witness Signature: _____

Date: _____

Please forward a copy of this form to Human Resources.