



YOUR COMPLETE EMPLOYEE SOLUTION.

EMPLOYEE COUNSELING NOTICE

Client Name: _____

Employee Name: _____

Date(s) of Infraction: _____

NATURE OF DEFICIENCY:

- Violation of company policies Insubordination Tardiness Absenteeism
- Failure to follow procedures Safety Rules Other _____

Remarks: _____

Supervisor: _____ Date: _____

- I agree with the above statement I disagree with the above statement

I have read and understand the nature of this deficiency and further understand that, if this deficiency persists, it will result in further disciplinary action up to and including termination of employment. Signing this form means only that I acknowledge receiving it and that I do not necessarily agree with the contents. I am aware that failure to sign this form could result in disciplinary action, up to and including termination.

Employee: _____ Date: _____

The above deficiency has been discussed and explained to this employee and he/she understands the seriousness of this deficiency.

Witness: _____ Date: _____