

Counseling and Discipline Form

Employee _____

1. ___/___/___ Date Counseling Took Place

Key Problem or Concern Identified

Solution jointly decided by manager and employee: mgr. initial: ____ emp. initial: ____

If problem behavior continues...

2. ___/___/___ Date of Verbal Warning

Verbal Warning Given

Plan of action jointly worked out with manager and employee: mgr initial: ____ emp. initial: ____

1.

2.

3.

If problem behavior continues....

3. ___/___/___ Date Written Warning Developed

Written warning

Signed by manager: _____ Date ___/___/___

I have read the above written warning and agree that I must improve on the above areas mentioned or face termination.

Printed by Employee _____

Signed by Employee _____ Date ___/___/___

If problem behavior continues....

4. Date sent home for a day to think whether _____ wants to follow the above required behavior: ___/___/___

If problem behavior continues....

5. Date of Termination ___/___/___

1. Copy given to employee on: ___/___/___ emp. initial ____.

2. Copy given to employee on: ___/___/___ emp. initial ____.

3. Copy given to employee on: ___/___/___ Emp. initial ____.

Company reserves the right to fire at will.