



CORRECTIVE COUNSELING NOTICE

Employee Name:

Date of Incident:

Job Title:

Work-Site Employer:

TYPE OF CORRECTIVE ACTION TAKEN:

- Time and Attendance Job Performance Rules & Policies Other
 Verbal Counsel Written Warning Final Written Warning Termination
 Suspension Pending Investigation Date Beginning: Date Ending:

VIOLATION:

- Attendance Carelessness Drinking/Drugs While at Work
 Lateness/Early Quit Insubordination Violation of Safety Rules
 Substandard Work Quality Unfit for Duty Working on Personal Matters/Conflict of Interest
 Violation of Company Policies or Procedures Unsatisfactory Behavior Towards Employees or Customers
 Threatening or Engaging in Violence Unauthorized Absence
 Willful Damage to Material/Equipment Other:

DETAILS PROMPTING THIS REPORT: Please include date(s) and time(s) of the incident, the policies/procedures that were violated. Attach additional sheets and/or voluntary statement if necessary.

INCIDENT:

PRIOR INCIDENT: (Please list recent corrective counseling taken.)

Immediate corrective action required/consequences for repeated violations/follow-up, if applicable:

Employee comments:

This counseling session is confidential and should only be discussed with management personnel. Please understand the incident(s) noted above must be corrected and any future violation of company policies and procedures may result in further corrective counseling, up to and including termination.

Your signature below only acknowledges that you have read, discussed, and been encouraged to respond to this documentation and is not an admission of guilt.

Employee Signature

Date

Supervisor Issuing Corrective Action Date

Witness Signature

Date

Department Head Signature Date

*Copy to Employee *Copy to Personnel File

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