

This form is to be used by supervisors to help employees understand where improved performance is expected and to provide a written record of a counseling session.

This should only be used once you have verified the employee is violating personnel, clinical, operational policy. You must document the specific policy violated.

This is form fill - able document, complete details on your computer, then print for signatures

Company Name:	
Employee Name:	
Position:	
Policy Violated	
Date of Violation	

Description of Violation	Describe below the specific nature of the problem, issues, occurrences, dates, times. Be sure to be specific and relate details what policy was violated and the <u>specific</u> reason(s) why the person is being counseled

Improvement Required	What steps or specific action must the employee take to correct the situation or remedy the violation

How will improvement be measured?	List specific goals and/or objectives, or performance and measurement standards that you and the employee have agreed to an in what time frame. Be sure to include dates for follow up.

FAILURE TO COMPLY WITH THE ABOVE WITHIN THE SPECIFIED PERIOD OR FURTHER VIOLATIONS OF COMPANY POLICIES AND PROCEDURES WILL RESULT IN FURTHER DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION.

Employee Comments	Employee's may comment below. Additionally, they can provide a written response that will be added to this record as long as it is done so within 2 business days.

Date presented to Employee:	
Manager Signature:	
Witness Signature:	
Employee Signature:	By signing below I acknowledge that I have read this notice and are clear on the contents