

DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ POSITION \_\_\_\_\_

- MEMO TO FILE (VERBAL)     
  WRITTEN     
  FINAL WRITTEN

**Violation - Attendance Policy**

- Absenteeism or Tardiness  
 No Show / No Call  
 Walk-off

**Performance**

- Failed Probationary Period  
 Unable to Perform Job

**Violation -Company Policy**

- Failed to Follow Instructions  
 Insubordination  
 Inappropriate Conduct  
 Misconduct  
 Unwilling to Perform Job  
 Falsification/Misrepresentation

**Violation-Safety Policy**

- Horseplay  
 OSHA Regulation  
 DFWP Violation  
 Other \_\_\_\_\_

**WHAT HAPPENED?** Describe the event. Use additional paper if needed.

 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WHAT HAPPENS NEXT?** Actions Needed for Improvement

 \_\_\_\_\_  
 \_\_\_\_\_

**HAS THIS EMPLOYEE RECEIVED COUNSELING IN THE PAST?**

- Same reason as above?       Different reason than above? \_\_\_\_\_  
      Verbal      When? \_\_\_\_\_      Conducted by \_\_\_\_\_  
      Written      When? \_\_\_\_\_      Conducted by \_\_\_\_\_  
 Multiple past counseling(s) \_\_\_\_\_

**EMPLOYEE ACKNOWLEDGEMENT**

I understand that my Company is an "at-will" employer, meaning that my employment has no specified length and that the employment relationship may be ended at any time by me or the Company with or without notice or cause. I also realize that the Company is opting to provide me with corrective action measures, and can terminate such corrective measure at any time, solely at its own discretion. I agree that the use of progressive counseling will not change my at-will employment status. I further acknowledge that I have not been subject to discriminatory or harassing behavior by any member of management.

- This Counseling Notice has been discussed with me, and I have freely chosen to agree to it. I accept full responsibility for my current actions and future actions.  
 This Counseling Notice has been discussed with me, and I do NOT agree with it. My comments are attached. I accept full responsibility for my current actions and future actions.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

 COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_

MANAGER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

- Employee Refused to Sign**