

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**