

EMPLOYEE COUNSELING REPORT

Employee's Name	Position	Date
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Employee's Employment Location	Supervisor
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Type of Violation/Infraction/Incident

Describe the problem, the date occurred, the impact on the Company, other employees, residents, or clients: _____

Employee's Statement: _____

Expected improvement and/or standards in the future: _____

Date for Next Review: _____

Type of Action Taken:

<input type="checkbox"/> Oral Warning	<input type="checkbox"/> Written Warning	<input type="checkbox"/> 2nd Written Warning
<input type="checkbox"/> Suspension	<input type="checkbox"/> Probation	<input type="checkbox"/> Termination

Other _____

Supervisor's Comments: _____

I acknowledge that I have read this Employee Counseling Report and understand it. My signature does not imply agreement or disagreement.

Employee's Signature/Date	Supervisor's Signature/Date	Reviewed By/Date
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