

Employee Counseling Form

Basic information	
Employee name:	Job title/department:
Employer:	Manager/supervisor name:
Incident date/time:	Date of counseling:
Name of others present at session:	
Counseling information	
Reason for counseling:	
<input type="checkbox"/> Tardiness or absences <input type="checkbox"/> Job performance <input type="checkbox"/> Failed to report to work <input type="checkbox"/> Behavior	<input type="checkbox"/> Safety violation <input type="checkbox"/> Inappropriate conduct <input type="checkbox"/> Violence <input type="checkbox"/> Other:
Description of workplace issue:	Summary of corrective plan of action:
Employee statement:	
Follow-up date:	



Employee signature **Date**



Manager/supervisor signature **Date**



Witness signature **Date**



HR received **Date**