

Employee Counseling Form

Basic Information			
Employee Name	Job Title/Department	Employer	Manager/Supervisor Name
Incident Date/Time	Date of Counseling	Names of Others Present at Session	
Counseling Information			
Reason for Counseling			
<input type="checkbox"/> Tardiness or Absences	<input type="checkbox"/> Behaviour	<input type="checkbox"/> Inappropriate Conduct	
<input type="checkbox"/> Job Performance	<input type="checkbox"/> Safety Violation	<input type="checkbox"/> Violence	
<input type="checkbox"/> Failed to Report to Work	<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