

EMPLOYEE CORRECTIVE COUNSELING FORM

This form is used as a guide for the supervisor when documenting issues that need attention under the provisions of the University Progressive Disciplinary Procedures. When completed, it serves as a written record of corrective counseling conducted with an employee pertaining to violation of one or more University rules.

EMPLOYEE NAME	CAMPUS WIDE ID NUMBER
JOB TITLE	DEPARTMENT
Disciplinary Level:	
☐ Record of Verbal Counseling	
☐ Written Counseling	
☐ Suspension for Working Days	
☐ Final Counseling	
☐ With Unpaid Suspension	Working Days
Subject:	
☐ Policy/Procedure Violation	
☐ Performance Issues	
☐ Behavior/Conduct Infraction	
☐ Absenteeism/Tardiness	
Description of Facts and Events Leadin	ng to the Discussion (include relevant dates):
Why a Concern:	
Action Steps for Improvement:	
Follow-Up Date:	

Level/Date/Subject **Consequences of Failure to Improve: Further Disciplinary Action** Further Disciplinary Action up to and including Termination Dismissal Will Be Recommended **Immediate Supervisor's Signature Date Immediate Supervisor's Printed Name** Date 2nd Level Supervisor's Signature **Date** 2nd Level Supervisor's Printed Name Date **Employee Acknowledgement:** This written record of corrective counseling is being issued based on your violation of one or more University rules or for poor performance. This report will remain in your employee personnel file. You are being provided a copy of this Corrective Counseling Form. The employee's signature indicates he or she has seen this report and that the contents have been reviewed with him or her. The signature does not necessarily indicate agreement. **Employee's Signature** Date Employee's Comments (Attach additional sheets if necessary. Do not write on the back of this form.):

Previous Counseling Summary: