



Grand Valley State University
Student Employment Office
VERBAL COUNSELING FORM

For Departmental Use Only
Not To Be Included In Personnel File

Employee Name \_\_\_\_\_ Gnumber \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Department Manager \_\_\_\_\_

Reason For Counseling:

Large empty rectangular box for writing the reason for counseling.

Recommendation For Improvement:

Large empty rectangular box for writing the recommendation for improvement.

Employee please note: Failure to improve performance or further violations of policy will result in additional disciplinary action up to and including discharge.

Employee Comments/Remarks:

Large empty rectangular box for writing employee comments or remarks.

Employee please note: Signing this counseling form does not necessarily indicate your agreement with this record but indicates that it has been reviewed with you.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_