



Grand Valley State University
Student Employment Office
WRITTEN COUNSELING FORM

Date: _____

Verbal Counseling Date: _____

Employee Name _____ Gnumber: _____

Hire Date _____

Department _____

Dept. Supervisor _____

Reason for Counseling:

Multiple horizontal lines for writing the reason for counseling.

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:

Multiple horizontal lines for writing employee comments and remarks.

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

Action Taken (Check all that apply)

Written Counseling: _____ Performance Improvement Plan: _____ Final Written Counseling: _____

Termination (if applicable): _____

(Include attachment(s) for explanation and condition of above actions.)

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____