



# Employee Counseling Notice

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Employee Name \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Statement of the problem: \_\_\_\_\_

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Has the employee received prior warnings on this subject? Yes No

Was the employee's activity in violation of Company policy? Yes No

If yes, describe how: \_\_\_\_\_

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Describe the correct action to be taken by the employee:

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Consequences of failure to improve performance or correct behavior:

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Employee Statement: \_\_\_\_\_

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

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_