

DATE \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ POSITION \_\_\_\_\_

MEMO TO FILE (VERBAL)

WRITTEN

FINAL WRITTEN

**Violation - Attendance Policy**

- Absenteeism or Tardiness
- No Show / No Call
- Walk-off

**Violation -Company Policy**

- Failed to Follow Instructions
- Insubordination
- Inappropriate Conduct
- Misconduct
- Unwilling to Perform Job
- Falsification/Misrepresentation

**Violation-Safety Policy**

- Horseplay
- OSHA Regulation
- DFWP Violation
- Other**
- \_\_\_\_\_

**Performance**

- Failed Probationary Period
- Unable to Perform Job

**WHAT HAPPENED?** Describe the event. Use additional paper if needed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WHAT HAPPENS NEXT?** Actions Needed for Improvement

\_\_\_\_\_  
\_\_\_\_\_

**HAS THIS EMPLOYEE RECEIVED COUNSELING IN THE PAST?**

- Same reason as above?  Different reason than above? \_\_\_\_\_
  - Verbal When? \_\_\_\_\_ Conducted by \_\_\_\_\_
  - Written When? \_\_\_\_\_ Conducted by \_\_\_\_\_
- Multiple past counseling(s) \_\_\_\_\_

**EMPLOYEE ACKNOWLEDGEMENT**

I understand that my Company is an "at-will" employer, meaning that my employment has no specified length and that the employment relationship may be ended at any time by me or the Company with or without notice or cause. I also realize that the Company is opting to provide me with corrective action measures, and can terminate such corrective measure at any time, solely at its own discretion. I agree that the use of progressive counseling will not change my at-will employment status. I further acknowledge that I have not been subject to discriminatory or harassing behavior by any member of management.

- This Counseling Notice has been discussed with me, and I have freely chosen to agree to it. I accept full responsibility for my current actions and future actions.
- This Counseling Notice has been discussed with me, and I do NOT agree with it. My comments are attached. I accept full responsibility for my current actions and future actions.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

COMMENTS: \_\_\_\_\_

MANAGER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**Employee Refused to Sign**