SMITHGROUP

Employee Counseling Report

Employee Information :	
Employee Name:	Date:
Location:	Job Title:

Action Taken:			
☐ Verbal:	Employee signature not required.	☐ First Written:	Verbal counseling has not corrected the problem or policy violation is severe.
☐ Final Written:	Last opportunity to correct the problem	☐ Termination:	

Description of Issue:	
☐ Absenteeism/Tardiness	☐ Safety /Driving Violation
☐ Code of Conduct	☐ Substandard Job Performance
☐ Policy and/or Procedure Violation	☐ Other:

Counseling Information:
Explanation of problem (explain facts in detail, attach any additional documentation):
Specific improvement required (include dates for review):
Prior counseling or disciplinary action (be specific and include dates):
Consequences if improvement is not made:

Manager Signature: _____ **Date:** _____

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Employee Statement:
I have read this Employee Counseling Report and understand it. (Sign and complete **one** of the following): 1. I agree with the above report by my manager and agree to make the required improvements specified. **Employee Signature:** _____ **Date:** _____
2. I disagree with the above report by my manager as follows: **Employee Signature:** _____ **Date:** _____