SMITHGROUP

Employee Counseling Report

Employee Information :	
Employee Name:	Date:
Location:	Job Title: Customer Accounts Manager

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):

CAM NAME is expected to meet performance standards each month for New Customer Deliveries (Personal), Mystery Phone Shop, 2nd Renewals Bucket, First Renewals Bucket, Revenue Collected. CAM NAME failed to meet the following performance standards for MM/YYYY.

NCD: Individual - Expected: ? / Actual: ?, Revenue Collected: Expected: ??% / Actual: ??%, Non-Renewal %: Expected: ??.??% or Less / Actual: ??.??%, 2nd Bucket: ?.??% or Less / Actual: ?.??% / 1st Bucket: ?.??% or Less / Actual: ?.??%

This is considered substandard job performance.

Specific improvement required (include dates for review):

CAM NAME needs to meet performance expectations by achieving all Expected Performance Standards on a monthly basis.

Prior counseling or disciplinary action (be specific and include dates):

Found in One Drive > Shared > Your Store > Couneslings. List using the file name (xxxx-xx-xx - Store - Associate - Performance - Level)

Consequences if improvement is not made:

Should NAME ' s performance become unsatisfactory based on violations either of the above or of any other Company policies, rules or regulations this will result in further disciplinary action up to and including termination for any other occurrence of any problem.

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:** _____