EMPLOYEE COUNSELING NOTICE

Date:

Employee's Name | Job Title | Department

Reason(s) for the counseling notice: (Define the problem.)

Supervisor's expectations for improvement: (Be specific.)

Employee's Comments:

****
*

I understand this is a warning notice for failing to work as expected. Continued failure to perform could cause further disciplinary action up to and including termination.

Employee's Signature Date

Issued By Date Witnessed By Date

Copies to personnel file, employee.