

# EMPLOYEE COUNSELING REPORT

Employee Name:	Department:
Reason for Report:	
Corrective Action Required:	
Action to be taken if employee does not correct the problem:	
Employee Signature:	Date:
Supervisor Signature:	Date:

Note to Employee: Your signature is solely to acknowledge receipt of your copy. If you do not agree with the contents or wish to make a comment, please do so on the reverse side of this form.