

## Counseling Form

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Verbal Warning                       Written Counseling                       Termination

Identified Area Needing Improvement/and or Incident/Problem Area:(include dates) \_\_\_\_\_

---

---

---

---

---

---

---

People Involved: \_\_\_\_\_

---

Employee input:

---

---

---

---

---

Recommended Plan for improvement/Disciplinary Action:

---

---

---

---

---

**Date** improvement expected: \_\_\_\_\_

Other: \_\_\_\_\_

---

---

Undesirable behavior may lead to termination of employment from the Agency

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date