

CIVILIAN
SUPERVISOR DOCUMENTATION OF EMPLOYEE COUNSELING

NOTE: This is NOT A DISCIPLINARY FORM. This form is to be used only to create a written record that you counseled a particular employee about a specific problem(s).

EMPLOYEE: _____ CLASSIFICATION: _____
SUPERVISOR: _____ CLASSIFICATION: _____
DEPARTMENT: _____ DIVISION: _____
DATE OF COUNSELING: _____ TIME: _____
LOCATION: _____

1. Define problem(s)—Be specific

2. Employee's Explanation:

3. Suggestions for improvement. Include and identify both supervisor and employee suggestions:

4. Employee's commitment to improve. Supervisor's plan for follow-up.

Employee's Signature _____

Supervisor's Signature _____

Note: If employee refuses to sign, please note refusal. Employees must be given a copy of their counseling form.