REPORT OF EMPLOYEE GUIDANCE/DISCIPLINE

Employee: **Department:**
Position No: **Date/Location of Counseling:**
Employee ID: **Social Security No.:**

SUPERVISOR'S REPORT OF CIRCUMSTANCES REQUIRING CORRECTIVE ACTION

1. Describe the nature of the problem/situation:

2. If the employee has previously been counseled or disciplined, especially concerning similar matters, attach copies of the prior record of actions taken. If these actions were not documented, describe here what the actions were, the dates or approximate dates that the incident(s) occurred, and any other pertinent facts:

3. What comments were given by the employee to explain his/her viewpoint on the problem/situation described above?

4. Describe what the employee needs to do to improve. (The employee's position description should also be reviewed with the employee.)

5. Is there a mutual agreement between the supervisor and the employee regarding the steps outlined in (4) above?
   ____YES ____NO
   (USE SUPPLEMENT TO EXPLAIN OR HAVE EMPLOYEE EXPLAIN HIS/HER VIEWPOINT.)

6. Date/location for follow-up counseling session.

EMPLOYEE IS HEREBY ADVISED THAT FAILURE TO SHOW IMPROVEMENT MAY BE GROUNDS FOR DISCIPLINARY ACTION.

*SUPERVISOR*_____*DATE*_____

*WINTESS*_____*DATE*_____
(REQUIRED IF EMPLOYEE REFUSES TO SIGN)

_____

"I have read this report (or report has been read to me) and"The employee named herein is aware of this I have discussed it with my supervisor."report and has been counseled about it by the supervisor whose signature appears above."

_____ _____
EMPLOYEE'S SIGNATURE/DATE DEPT. HEAD OR DESIGNEE APPROVAL/DATE