

Record of Counseling/Verbal Reprimand

Employee Name _____ Date _____ Time _____

Place of incident _____ Department _____

Indicate if: First Occurrence-Counseling Session Second Occurrence-Verbal Reprimand

The following counseling has taken place: (Check and give details under explanation)

- | | |
|--|--|
| <input type="checkbox"/> Violation of State and/or University policy | <input type="checkbox"/> Absence |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Leaving work without authorization |
| <input type="checkbox"/> Harassment | <input type="checkbox"/> Dishonesty |
| <input type="checkbox"/> Poor performance | <input type="checkbox"/> Failure to follow instructions |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Smoking in unauthorized areas |
| <input type="checkbox"/> Disregard of safety rules | <input type="checkbox"/> Unauthorized use of equipment, material |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Other _____ |

Summary of incident & reason for warning _____

Summary of corrective plan of action _____

It is expected that the condition noted above will be corrected immediately. In the event this condition is not corrected, or another offense occurs, you will be subject to further disciplinary action as outlined in the employee handbook and policy on progressive discipline.

Employee _____ Date _____

(Your signature is intended only to acknowledge receipt of the notice; it does not imply agreement or disagreement with the notice itself. If you refuse to sign, someone in a supervisory position will be asked to initial the form indicating that you received a copy of the form.)

Supervisor _____ Date _____