

Record of Verbal Counseling

Name _____ Date _____

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

- | | |
|---|---|
| <input type="checkbox"/> Absence | <input type="checkbox"/> Harassment |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Dishonesty |
| <input type="checkbox"/> Violation of Company Policy | <input type="checkbox"/> Violation of safety rules |
| <input type="checkbox"/> Horseplay | <input type="checkbox"/> Leaving work without authorization |
| <input type="checkbox"/> Smoking in unauthorized areas | <input type="checkbox"/> Poor performance |
| <input type="checkbox"/> Failure to follow instructions | <input type="checkbox"/> Insubordination |
| <input type="checkbox"/> Unauthorized use of equipment, materials | <input type="checkbox"/> Falsification of records |
| | <input type="checkbox"/> Other |

Summary of violation _____

Summary of corrective plan of action _____

FOLLOW UP DATE(S) _____

SUPERVISOR
SIGNATURE _____ **DATE** _____

DIVISION MANAGER
SIGNATURE _____ **DATE** _____

