



Verbal Counseling Form

Employee Name: _____ Dept.: _____

Employee Title: _____ Date: _____

The above-named employee has received verbal counseling with regard to: (*check all that apply and provide details below*):

Attendance	Conduct
Tardiness	Dishonesty
Violation of company policy and/or procedures	Violation of safety rules
Horseplay	Leaving work without authorization
Smoking in unauthorized areas	Unsatisfactory job performance
Failure to follow instructions	Insubordination
Unauthorized use of equipment, materials	Falsification of records
Other (<i>explain</i>)	

Date of Incident(s):

Details of Incident(s):

Corrective Action Plan:

Follow-up Date(s):

Acknowledgement:

I acknowledge and understand the contents of this counseling document. I also acknowledge and understand that continued similar incidents may result in further disciplinary action, up to and including termination of employment.

Signatures:

Employee: _____ Date: _____

Supervisor: _____ Date: _____