

Counseling Memo

Employee Name:
Manager's Name:
Company Name:
Employee's Hire Date:

Corrective Action:

- Verbal Warning
- Written Warning
- Final Warning

Prior Verbal Warning(s):			
Prior Written Warning(s):			

Manager's Statement: (Please provide specific details in the box below.)

List reason(s) for counseling:

- Absenteeism /Tardiness
- Substance abuse
- Inappropriate Conduct
- Poor work performance
- Insubordination
- Excessive use of telephone
- Infraction of the rules
- Excessive lunch/break period(s)
- Time clock violation
- Violation of safety procedures
- Harassment (type?)
- Fighting / Assault
- Failure to follow instructions
- Profanity
- Other: _____

Please use this space to describe the performance issue that took place. Please include dates, times, names and specific actions and behaviors.

Include future expectations for this employee:

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Employee's Statement:

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Your signature indicates the document and the issues described here have been discussed with you.
If this is a Written or Final Warning, future incidents may lead to further corrective action, up to and including termination of employment.

Employee Signature:	Date:
Management Signature:	Date:

Form to be completed by manager. Please send signed copy to Axcet for filing.