



Record of Counseling/Verbal Warning

Employee Name: _____ **Date:** _____

Department: _____ **Place of Incident:** _____

Indicate if: **Coaching/Counseling Session** **Verbal Reprimand**

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

Time/Attendance Issues

- Accumulating overtime without permission/ or altering work schedule without permission
- Absent without Leave
- Excessive absenteeism
- Excessive claims of illness without medical note
- Failure to follow or perform job duties or procedures as instructed
- Failure to punch your own time card when required (start/end of shift, lunch)
- Reporting late to work at the beginning of a shift or after the lunch period

Conduct Issues

- Excessive personal phone or internet use –personal phone or office
- Failure to maintain satisfactory working relations with employees, guests or the public
- Horseplay/Physical action leading to possible injury or disruption of work
- Inattention to duties (paper reading, social media, talking with others)
- Interference with other employees work
- Smoking in unauthorized areas
- Other: _____

Record of Counseling/Verbal Warning (continued)

Summary of incident and/or reason for warning:

Summary of corrective action needed:

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, up to and including termination.

Employee Signature: _____

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 Signature: _____

Date: _____

Printed Name of Supervisor: _____