



## EMPLOYEE COUNSELING/ACTION SUMMARY

\*Provide a copy of this Summary, with any supporting documents, to the employee. Keep the original in personnel file. Contact Human Resources before taking any actions that will result in termination of employment.

### Supervisor Completes

Employee Name: \_\_\_\_\_

Last

First

Middle Initial

Employee SSN: \_\_\_\_\_

Date of Incident: \_\_\_\_\_

#### Nature of Incident:

☐ Violation of Company Policies & Procedures

☐ Attendance/Tardiness

☐ Failure to perform duties for which hired

☐ Insubordination

☐ Other (specifics): \_\_\_\_\_

\_\_\_\_\_

#### Action Taken:

☐ Counseled

☐ Verbal Warning

☐ Written Warning

☐ Suspension w/pay – w/o pay

☐ Termination (please circle)

EMPLOYER STATEMENT (attach additional documentation if applicable)

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EMPLOYEE STATEMENT

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Note: Your signature indicates that you have read and understand this information and you are aware that further violation of any policies and procedures may result in disciplinary action up to and including termination, which may cause you to be ineligible for unemployment benefits.

Employee's Signature: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Witness: \_\_\_\_\_