

EMPLOYEE COUNSELING NOTICE (CONFIDENTIAL)



COMPANY \_\_\_\_\_

Employee Name (Last, First, & Middle)					
Date(s) of Violation/Incident	Date Delivered to Employee:	Counseling Notice: Please note - each matter is addressed on a case-by-case basis. Two prior notices are not necessarily required for it to be a Final Notice.			
		<table border="0"> <tr> <td style="text-align: center;">First</td> <td style="text-align: center;">Second</td> <td style="text-align: center;">Final</td> </tr> </table>	First	Second	Final
First	Second	Final			

Each individual is a valued employee, whom we want to be successful in achieving the performance standards set forth by this organization. The purpose in providing counsel at this time is to address a matter, which may be a roadblock to that success.

**REASON FOR COUNSELING**

- Attendance                      Safety                              Work Performance
- Tardiness                        Conduct                              Other: \_\_\_\_\_

**STATEMENT OF PROBLEM:** Describe in detail what the employee has done. Cite how this interferes with the work environment, employee performance, business operations, or the well-being of other employees. As appropriate, cite the rule, policy, law, standard or regulation that was violated. (Use additional sheets if necessary. 2000 Character Maximum)



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**SUMMARY OF PERFORMANCE EXPECTATIONS/REQUIREMENTS TO IMPROVE PERFORMANCE**

Describe specific things expected of the employee to improve performance to an acceptable level.

(1000 Character Maximum.)

**CONSEQUENCES OF FAILURE TO IMPROVE PERFORMANCE OR CORRECT BEHAVIOR**

Failure to bring performance up to an acceptable level and/or additional policy violations may result in further disciplinary action up to and including termination of employment.

**EMPLOYEE STATEMENT**

(Please continue on reverse side, if necessary. 1500 Character Maximum.)

Employee Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

Employee refused to sign this notice. \_\_\_\_\_  
Witness Signature

Witness Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Manager Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

**Routing:** Original to Propel HR ([HRDepartment@PropelHR.com](mailto:HRDepartment@PropelHR.com)), Copy to Employee, Copy to Supervisor