

CLIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ POSITION \_\_\_\_\_

**PRIOR NOTIFICATIONS** *List prior counseling including those not related to this incident.*

<u>LEVEL</u>	<u>DATE(S)</u>	<u>INCIDENT SUMMARY</u>
VERBAL	_____	_____
WRITTEN	_____	_____
SUSPENSION	_____	_____

**INCIDENT DESCRIPTION AND SUPPORTING DETAILS**

DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

<b><u>LEVEL</u></b>	<input type="checkbox"/> VERBAL	<input type="checkbox"/> WRITTEN	<input type="checkbox"/> FINAL WRITTEN	<input type="checkbox"/> SUSPENSION	<input type="checkbox"/> OTHER _____
<b><u>CATEGORY</u></b>	<input type="checkbox"/> POLICY/PROCEDURE VIOLATION	<input type="checkbox"/> ATTENDANCE			
	<input type="checkbox"/> INAPPROPRIATE CONDUCT	<input type="checkbox"/> SUBSTANDARD PERFORMANCE	<input type="checkbox"/> OTHER _____		

**DESCRIPTION OF INCIDENT** *Attach additional pages, if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERFORMANCE IMPROVEMENT REQUIRED** *List Measurable factors and timeframe.*

\_\_\_\_\_  
\_\_\_\_\_

**CONSEQUENCES**

\_\_\_\_\_

**EMPLOYEE ACKNOWLEDGEMENT**

I understand that my Company is an "at-will" employer, meaning that my employment has no specified term and that the employment relationship may be terminated any time at the will of either party with or without notice or cause. I also realize that the Company is opting to provide me with corrective action measures, and can terminate such corrective measure at any time, solely at its own discretion, and that the use of progressive counseling will not change my at-will employment status.

- This Counseling Notice has been discussed with me, and I have freely chosen to agree to it. I accept full responsibility for my current actions and future actions.
- This Counseling Notice has been discussed with me, and I do NOT agree with it. My comments are attached. I accept full responsibility for my current actions and future actions.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

MANAGER SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_