

Counseling Discussion			
Reference Number 21.00 Forms	Board Approval 10/2006	Effective Date 07/01/2018	Page 1 of 1

Employee Name: _____ Date given: _____

Emp. ID #: _____

Supervisor: _____ Dept./Location: _____

WARNING

Nature of Counseling: _____

ACTION

Action to be taken: _____

REMARKS(To be completed by manager)

Employee's remarks: _____

Supervisor's signature: _____

Date received by Human Resource department and put in personnel file: _____

Original to Human Resources department