

EMPLOYEE COUNSELING FORM

Employee Name: _____
Employee ID: _____ Department: _____
Position/Title: _____ Supervisor Name: _____

Reason for Counseling:

Explain the specific behavior, performance issue, or incident that prompted this counseling session. Be factual, clear, and professional. Avoid subjective statements or opinions.

Details of Counseling:

Describe the discussion held with the employee, including expectations for improvement, any agreed-upon actions, and resources or support offered by the employer.

Employee Response:

Record the employee's comments, explanations, or commitments made during the counseling session. If the employee declines to respond, note that here.

Action Plan and Follow-Up:

Outline the specific steps the employee is expected to take, timelines for improvement, and any scheduled follow-up meetings or evaluations.

Consequences of Failure to Improve:

Explain the potential disciplinary actions or other consequences if the employee fails to meet the expectations outlined in this counseling.

Acknowledgment of Counseling:

This counseling form documents a formal discussion between the employee and management. The employee's signature below acknowledges receipt and understanding of the content of this counseling, but does not necessarily indicate agreement.

Employee Signature

Manager/Supervisor Signature

Date: _____

Date: _____

This Employee Counseling Form is a legally compliant record intended to document counseling discussions in accordance with applicable United States labor laws. The form does not constitute a contract of employment and does not alter the at-will employment relationship unless expressly stated in a separate written agreement.

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