

Montgomery County ESD 4 Counseling Form

Employee Name _____

Shift/Station _____

Date of Incident _____

Date of Notice _____

Nature for Counseling

Poor Performance

Insubordination

Absence/Tardiness

Falsification of Documents/Records

Violation of SOP

Harassment

Other _____

Action Taken

Verbal Warning

Assignment

Probation

Team Building

Other _____

Summary for Counseling

(Attach any additional documentation)

Summary of Corrective Plan of Action

(Attach any additional documentation)

Follow up date(s) _____

Employee Signature _____

Date _____

Supervisor/Manager Signature _____

Date _____

Human Resources Received _____

Date _____

The Department reserves the right to begin the performance improvement process at any level. Under appropriate circumstances, suspension may be immediate. The form of discipline depends on the circumstances, including performance, attendance, and behavior issues.

The employee signature is intended only to acknowledge receipt of the notice; it does not imply agreement or disagreement with the notice itself. If the employee refuses to sign, the supervisor/manager will be asked to initial the form indicating that the employee received a copy of the form.