Record of Written Counseling

Name Date

Please check if this is the second event of disciplinary action for this action: \_\_\_\_\_\_\_\_YES

The following counseling has taken place:

(Check and give details under explanation)

[ ] Absence [ ] Harassment

[ ] Tardiness [ ] Dishonesty

[ ] Violation of Company Policy [ ] Violation of safety rules

[ ] Horseplay [ ] Leaving work without authorization

[ ] Smoking in unauthorized areas [ ] Poor performance

[ ] Failure to follow instructions [ ] Insubordination

[ ] Unauthorized use of equipment, materials [ ] Falsification of records

 [ ] Other

Summary of Violation

Summary of Corrective Plan of Action

Follow Up Date(s)

Employee Signature Date

Supervisor Signature Date