



Verbal Counseling Form

Employee Name: _____

Dept.: _____

Employee Title: _____

Date: _____

The above-named employee has received verbal counseling with regard to: *(check all that apply and provide details below):*

<input type="checkbox"/> Attendance	<input type="checkbox"/> Conduct
<input type="checkbox"/> Tardiness	<input type="checkbox"/> Dishonesty
<input type="checkbox"/> Violation of company policy and/or procedures	<input type="checkbox"/> Violation of safety rules
<input type="checkbox"/> Horseplay	<input type="checkbox"/> Leaving work without authorization
<input type="checkbox"/> Smoking in unauthorized areas	<input type="checkbox"/> Unsatisfactory job performance
<input type="checkbox"/> Failure to follow instructions	<input type="checkbox"/> Insubordination
<input type="checkbox"/> Unauthorized use of equipment, materials	<input type="checkbox"/> Falsification of records
<input type="checkbox"/> Other <i>(explain)</i>	

Date of Incident(s):

Details of Incident(s):

Corrective Action Plan:

Follow-up Date(s):

Acknowledgement:

I acknowledge and understand the contents of this counseling document. I also acknowledge and understand that continued similar incidents may result in further disciplinary action, up to and including termination of employment.

Signatures:

Employee: _____ Date: _____

Supervisor: _____ Date: _____

HR Manager: _____ Date: _____