



## Record of Verbal Counseling

Name \_\_\_\_\_

Date \_\_\_\_\_

*The following counseling has taken place:  
(Check and give details under explanation)*

- |   |   |
|---|---|
| <input type="checkbox"/> Absence                                  | <input type="checkbox"/> Harassment                         |
| <input type="checkbox"/> Tardiness                                | <input type="checkbox"/> Dishonesty                         |
| <input type="checkbox"/> Violation of Company Policy              | <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"/> Poor performance                   |
| <input type="checkbox"/> Failure to follow instructions           | <input type="checkbox"/> Insubordination                    |
| <input type="checkbox"/> Unauthorized use of equipment, materials | <input type="checkbox"/> Other                              |

Summary of Incident:

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Summary of Corrective Plan of Action:

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Follow-Up Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date \_\_\_\_\_