**Employee Counseling Statement**

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| --- | --- | --- | --- | --- | --- | --- |
| ​**Employee Name:** | | | Click or tap here to enter text. | **Job Title:** | Click or tap here to enter text. | |
| ​**Program**: | | Click or tap here to enter text. | | **Supervisor:** | | Click or tap here to enter text. |
| **​Date:** | Click or tap to enter a date. | | |  | | |
| **Types of Violations (Please select all that apply):** | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Neglect of Job Duties | Violations of   Policies/Procedures | Ethical Violations | Paperwork |
| Time & Attendance | Insubordination | Safety | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

The purpose of this documented warning is to bring to your attention new or ongoing deficiencies in your conduct and/or performance. The intent is to define for you the seriousness of the situation so that you may take immediate corrective action. This written warning will be placed in your personnel file.

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| **Reason for warning** (violation of company policy or unsatisfactory performance/behaviors): Click or tap here to enter text. |
| ​**Prior discussion or warnings on this subject** (verbal/written, dates): Click or tap here to enter text. |
| **Relevant company policy violated:** Click or tap here to enter text. |
| **Corrective action required:** Click or tap here to enter text. |
| Please note any additional disciplinary actions may jeopardize your continual employment with Center For Family Services: Click or tap here to enter text. |

The above has been discussed with me by my supervisor. I understand the contents and acknowledge and understand the corrective action required. I also acknowledge and understand the potential consequences of noncompliance.

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| Verbal Warning | First Warning | Second Warning | PIP (see attached) |
| Final Warning | Dismissal | Suspension (Number of Days: ) | |

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| **Employee’s Statement** (response): Click or tap here to enter text. |

**Signatures:**

|  |  |
| --- | --- |
|  | Date: \_\_\_\_\_\_\_\_\_\_ |
|  | Date: \_\_\_\_\_\_\_\_\_\_ |
|  |  |

|  |  |
| --- | --- |
|  | Date: \_\_\_\_\_\_\_\_\_\_ |

Please send the completed document to HR for filing.