**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):** |

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| [ ]  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:**

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

Please send the completed document to HR for filing.