

# Club Resources International

# Record of Employee Counseling

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Counseling     Disciplinary Action    **FOR:**     Conduct     Work Performance

Date/Time of specific actions or omissions listed below:
Subject (discuss specific actions or omissions in detail):
(Continue on blank sheet, if necessary)

Employee's Comments:
(Continue on blank sheet, if necessary)

Proscribed Corrective Actions:
(Continue on blank sheet, if necessary)
Time Allowed for Corrective Action(s):

<input type="checkbox"/> Written Notice <input type="checkbox"/> First Written Warning <input type="checkbox"/> Final Written Warning
<input type="checkbox"/> Further disciplinary action, including discharge will be taken if corrections are not made within time allowed.

Employee's Signature                      Date                      Supervisor's Signature                      Date

Distribution:    Original to personnel file  
                     Copy to supervisor's file  
                     Copy to employee

Management Review                      Date