

Employee Counseling

Name: _____ Dept.: _____ Date: _____

Date of Occurrence: _____ Time: _____ [] AM [] PM Location: _____

This memorandum serves as a written record about the discussion that you and I are having today about your job performance. Your job performance has deteriorated as follows:

{enter specific description}

Your performance is not acceptable and must improve immediately. In the next _____ days **(30-90 days recommended)**, beginning today, your progress will be monitored closely. Expectations are as follows:

{enter specific expectations/goals}

You and I will meet at the end of _____ days to review your progress. If significant improvement is not shown at the end of _____ days **(30-90 days recommended)**, your employment with the company will be terminated. However, if little or no progress is being made or other unacceptable behavior occurs before then, you may be terminated at any time prior to the end of _____ days.

Please sign below. Your signature on this document is an acknowledgment that this matter has been discussed with you and you have reviewed this document prior to inclusion in your personnel file. Your signature is not an indication of agreement or disagreement of the deficiencies that are outlined in this document.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

HR/Witness Signature: _____ Date: _____

Employee Comments:
