

Employee Counseling Statement

Employee Name _____

Date _____

Reason for Conference

_____ Violation of Center Policy/Procedure

_____ Suspension Pending Investigation

_____ Sub-Standard Job Performance

_____ Other

What Policy(ies), Procedure(s), Standard(s) was not followed?

Details of the Incident/Allegation

What Specifically Occurred

When (Date and Time) Date ____/____/____ Time _____

Where (Location, Classroom, Area of Classroom) _____

How (What Lead to Incident) _____

Who Reported Incident (may omit for confidentiality purposes) _____

Were there witnesses (may omit names for confidentiality purposes) _____

Investigation of Incident

Did the Employee admit violating policy/procedure/standard? _____ Yes _____ No

Were witnesses interviewed? _____ Yes _____ No

Summary of Investigation:

Previous Counseling of Employee on Performance

_____ Verbal Date ____/____/____ Concern Addressed _____

____ Written Date ____/____/____ Concern Addressed _____

____ Written Date ____/____/____ Concern Addressed _____

____ Written Date ____/____/____ Concern Addressed _____

____ Performance Appraisal Date ____/____/____ Concern Addressed _____

Counseling Statement Results

____ Unfounded (Employee may return to work)

____ Written Warning: (Employee may return to work knowing future warnings could result in termination.)

____ Termination

Outcomes:

Future Expectations of Employee to avoid a similar incident:

Consequences if expectations are not met, performance isn't improved, or other violations are repeated:

Employee Comments

Employees Signature: _____

Director's Signature: _____

Witness Signature: _____