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## COUNSELING & CORRECTION NOTICE

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**Employee Name:**

**Department:**

**Supervisor:**

**Counseling Level:**

**First Corrective Warning (Verbal)** - (To memorialize the conversation.)

**Critical Warning** - (State nature of offense, method of correction, and action to be taken if offense is repeated.)

**Final Written Warning**

Without administrative leave

With administrative leave (w/ prior HR consultation)

With unpaid suspension

**Subject:**

Policy/Procedure Violation

Substandard Performance

Behavior/Conduct Violation

Absenteeism and Tardiness

**Prior Notifications**

**Level of Discipline**

**Date**

**Subject**

First Corrective

\_\_\_\_\_

\_\_\_\_\_

Critical

\_\_\_\_\_

\_\_\_\_\_

Final Written

\_\_\_\_\_

\_\_\_\_\_

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**Policy/Procedure Violation , Behavior/Conduct Violation, Absenteeism and Tardiness**

**Incident Description and Supporting Details:** Include the following information as appropriate:  
Times, Places, Dates of Occurrence, Persons Present, Organizational Impact.

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**Performance Improvement Plan**

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**1. Performance Improvement Goals:**

**2. Training or Special Direction to Be Provided:**

**3. Employee Assistance Program recommended?**

**4. Employee's Personal Improvement Plan Input and Suggestions:**

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(Attach additional sheets if needed.)

**Scheduled Review Date:** \_\_\_\_\_

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**Employee Comments and/or Rebuttal**

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(Attach additional sheets if needed.)

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**Employee Acknowledgment**

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My signature indicates that I have received a copy of this notification and it has been discussed with me.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Witness: (if employee refuses to sign)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

Distribution of copies: Employee \_\_\_\_\_ Department Head \_\_\_\_\_ Human Resources \_\_\_\_\_