CIVILIAN SUPERVISOR DOCUMENTATION OF EMPLOYEE COUNSELING

Note: This is NOT A DISCIPLINARY FORM. This form is to be used ONLY to create a written record that
you counseled a particular employee about a specific problem(s).

Employee Name	**Employee Job Title**
Supervisor Name	**Supervisor Job Title**
Department	
Date of Counseling	**Incident Date**

1. Define the problem(s). Be specific:

2. Employee's explanation:

3. Suggestions for improvement. Include and identify both supervisor and employee suggestions:

4. Employee's commitment to improve. Supervisor's plan for follow-up:

Employee's Signature	Date
Supervisor's Signature	Date
Additional Supervisor's Signature (Optional)	Date
Local 251 Union Steward Signature – (**FOR SICK LEAVE COUNSELING ONLY**)	Date

Note: If employee refuses to sign, please note refusal. Employees must be given a copy of their counseling form.

Distribution: Original to Supervisor; Copy to Employee; Copy to Labor Relations (INFOR)