

NOTICE OF VERBAL COUNSELING

Employee Name

Employee ID

Employee Title

1. The problem to be corrected, the standard to be met, or the rule, policy or procedure that has been violated:

2. Remedial action expected to correct the problem or behavior (with timetable):

Due Date: _____

Due Date: _____

Due Date: _____

NOTICE TO THE EMPLOYEE: Continuation of unsatisfactory work performance or conduct may subject you to further disciplinary action ranging from a written reprimand to termination of employment.

Supervisor Signature

Date

Print Supervisor Name

Supervisor Title

EMPLOYEE ACKNOWLEDGEMENT: By signing this document, you acknowledge receipt of this notice. Your signature does not necessarily indicate that you agree with its content. Verbal counseling does not become a part of your official personnel record and cannot be appealed through PS 02.B.01, Staff Grievance Policy.

Employee Signature

Date