

Record of Counseling

Counseling Date: _____

Employee Being Counseled: _____ Job Title: _____

Reason for Counseling:

(If applicable) The violation occurred on or about (date) _____ at approximately
(time) _____ at the following location _____

Facts Related to Violation:

Employee Reaction/Response:

Explain to employee that future violations may result in disciplinary action.

Once you've completed and saved this form, please email your document to: hr@smcm.edu

Counseled by _____ Date _____

Employee Signature _____ Date _____