



Progressive Counseling Form

Employee Name _____

Date of Hire ____/____/____

Position _____

Date in Position ____/____/____

Supervisor _____

Department _____

Area of Concern

- Inability to perform assigned work
- Consistent errors in work
- Poor communications
- Inconsistent performance
- Adversely affecting other's work
- Other _____

Initial Notification

Brief description of performance problem _____

Corrective Action Required _____

Describe Training if Required _____

Time Frame _____ Work days Improvement by _____



Progressive Counseling Form

Counseling Session Scheduled for (date) ____/____/____ (time) ____:____

Copy to employee Copy to Human Resources

Supervisor's Signature Date ____/____/____

Employee's Signature Date ____/____/____

Second Notification

Date ____/____/____

Brief description of performance problem _____

Corrective Action Required _____

Describe Training if Required _____

Time Frame ____ Work days Improvement by _____

Counseling Session Scheduled for (date) ____/____/____ (time) ____:____

Copy to employee Copy to Human Resources

Supervisor's Signature Date ____/____/____

Employee's Signature Date ____/____/____



Progressive Counseling Form

Third Notification

Date ____/____/____

Brief description of performance problem _____

Corrective Action Required _____

Describe Training if Required _____

Time Frame _____ Work days Improvement by _____

Counseling Session Scheduled for (date) ____/____/____ (time) ____:____

Copy to employee Copy to Human Resources

Supervisor's Signature

____/____/____
Date

Employee's Signature

____/____/____
Date