

Progressive Counseling Form

Employee Name			Date of Hire	/		
Position			Date in Position _	/	/	
Supervisor						
Department						
Area of Concern	The shillifut to provide your continued would	r	1 Consistent amore in work			
l r] Inability to perform assigned work	[Consistent errors in work			
l] Poor communications	L] Inconsistent performance			
[] Adversely affecting other's work	[] Other			
	Initial N	otifica	tion			
Brief description of	of performance problem		·····			
						
Corrective Action	Required					
Corrective Action	Trequired					
Describe Training	if Required					
Time Frame	Work days Improvement by					



Progressive Counseling Form

Counseling Session Scheduled for (date)/_	/ (time):	
[] Copy to employee [] Copy	y 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 FrameWork days Improve	vement by	
Counseling Session Scheduled for (date)/ [] Copy to employee [] Copy		
Supervisor's Signature	// Date	
Employee's Signature	/ Date	



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Third Notification	Date//
Brief description of performance problem	·····
Corrective Action Required	
	
Describe Training if Required	
Time FrameWork days Improve	ement by
Counseling Session Scheduled for (date)/	_/ (time):
[] Copy to employee [] Copy to	to Human Resources
	1 1
Supervisor's Signature	Date
Employee's Signature	/