**Employee Counseling Form**

**Section 1: Employee Information**

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| --- | --- | --- | --- |
| **Employee Name:** |  | **Employee ID:** |  |
| **Department:** |  | **Job Title:** |  |
| **Supervisor/Manager:** |  | **Date of Counseling:** |  |

**Section 2: Type of Counseling**

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ Performance Issue | ☐ Behavioral Concern | ☐ Attendance/Tardiness | ☐ Policy Violation |
| ☐ Personal Issue Affecting Work | ☐ Other: |  |  |

**Section 3: Description of Issue**

Provide a detailed description of the issue or concern that led to this counseling session.  
*(Include dates, incidents, and any supporting details.)*

**Details:**

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**Section 4: Employee’s Explanation**

Record the employee’s response or explanation regarding the issue.

**Employee Comments:**

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**Section 5: Counseling Discussion Summary**

Summarize the discussion held during the counseling session, including any clarification, advice, or support offered.

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| **Summary:** |
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**Section 6: Action Plan / Agreed Steps**

List the corrective actions, goals, or improvements agreed upon during the session.

| **Action Item** | **Responsible Person** | **Deadline** | **Follow-Up Date** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Section 7: Follow-Up & Monitoring**

☐ Verbal Follow-Up Scheduled  
☐ Written Follow-Up Scheduled  
☐ Performance Review Planned on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_

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| --- |
| **Notes:** |
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**Section 8: Acknowledgment**

I acknowledge that this counseling session was discussed with me. My signature does not necessarily indicate agreement with the content but confirms that I have received and discussed this report.

| **Name** | **Signature** | **Date** |
| --- | --- | --- |
| **Employee:** |  |  |
| **Counselor/Supervisor:** |  |  |
| **HR Representative (if applicable):** |  |  |

**Section 9: HR Use Only**

| **Field** | **Details** |
| --- | --- |
| Filed By |  |
| File Location |  |
| Review Date | \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |
| HR Comments |  |