

Hospitality Resources International

Record of Employee Counseling

Name: _____ Date: _____

Department: _____ Supervisor: _____

Counseling Disciplinary Action **FOR:** Conduct Work Performance

Date/Time of specific actions or omissions listed below:
Subject (discuss specific actions or omissions in detail):
(Continue on blank sheet, if necessary)

Employee's Comments:
(Continue on blank sheet, if necessary)

Proscribed Corrective Actions:
(Continue on blank sheet, if necessary)

Time Allowed for Corrective Action(s): _____

Written Notice First Written Warning Final Written Warning
 Further disciplinary action, including discharge will be taken if corrections are not made within time allowed.

Employee's Signature Date Supervisor's Signature Date

Distribution: Original to personnel file
 Copy to supervisor's file
 Copy to employee

Management Review Date