

Employee Verbal Warning/Counseling Record

Employee Information

Employee Name: _____ Date: _____
Employee ID: _____ Job Title: _____
Supervisor: _____ Department: _____

Details

Description:

Plan for Improvement:

Consequences of Further Infractions/Failure to Improve:

By signing this form, I confirm that on the above date I counseled/issued a verbal warning to _____ regarding the described infraction. Additionally, I also made said employee aware of a plan of improvement and the consequences of further infractions or failure to improve. This verbal warning will remain active for ___ months, at which time, if no further infractions have been recorded and the plan for improvement has been sufficiently met it will become inactive. Even though inactive, a copy of this verbal warning will be maintained in the official personnel file of the employee

Supervisor Signature

Date