

Arkansas State University
Employee Counseling Statement

Print Form

Reset Form

Employee Name: _____

Employee ID: _____

Department: _____

Title: _____

Verbal Warning

Written Warning

Final Warning

Dismissal

Incident(s):

Lateness / Leaving Early

Not Calling in When Absent / Late

Excessive Absenteeism

Substandard Work Quality

Insubordination

Unsatisfactory Behavior Toward Co-workers / Others

Poor Work Performance

Unauthorized Absence from Work Area

Safety Violation

Substance Abuse While at Work

Other: _____

Date of Incident: _____

Supervisor Statement:

Corrective Action:

Timetable for Improvement: Immediate 30 days 60 days

Consequences of Non-Improvement: Written Warning Final Warning Dismissal

Employee Statement:

Employee Signature

Date

Supervisor Signature

Date

Your signature indicates neither agreement nor disagreement with this statement. It does indicate that you have read this information and that it has been discussed with you.

Original - Human Resources / Personnel File
Copy - Department File