Employee Counseling Form

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|  |  |  |
|  | Employee Name: |  | Date: |  |  |
|  | Job Title: |       | Supervisor: |       |  |
|  | Action Taken |  |
|  | [ ]  Verbal Warning/Counseling  [ ]  Referral to Human Resources |  |
|  | Facts:Date/Time of Incident:Type of Incident: |       |  |
|  | Employee’s Explanation: |       |  |
|  | Employer’s Expectations: |       |  |
|  | Action Plan: |       |  |
|  | Action Taken: |       |  |
|  | Next Action Step: |       |  |
|  | **Supervisor signature:** |  | **Date:** |  |  |
|  | **Director of UF HR signature:**  |  | **Date:** |  |  |
|  | A copy of this form will be placed in the employee’s personnel file for reference |  |
|  | Original: UF Human Resources Copy: Department Head Copy: Supervisor  |  |

Supervisor Instructions

## Guidelines for using the Employee Counseling Form

When documenting corrective action, it is helpful to adhere to the following guidelines:

* Facts - List only facts, not opinions. Give concrete examples, when possible, to document the incorrect behavior.
* Objectives - What is the desired outcome? What do you expect? You may want to cite a portion of the job description or a policy.
* Solutions - How do you suggest that the employee improves his or her performance? Does the employee have any suggestions? You may offer additional training, review of procedures, etc.
* Action - Tell the employee in writing that he or she is receiving a warning, recommendation for suspension, etc. and set a date to review his or her progress towards obtaining the goals set

## Directions for Submitting the Employee Counseling Form

Please use additional forms if the employee has more than one area that needs improvement.

The supervisor should give a copy of the signed document to the employee, keep a copy for the department supervisor and send the original to the Director of Facilities Human Resources in a sealed envelope. The *Employee Counseling Form* will be placed in the personnel file.