

EMPLOYEE COACH AND COUNSEL

(THE COACH AND COUNSEL IS NOT CONSIDERED A DISCIPLINARY ACTION)

Employee's Name: _____

Date: _____

Job Title: _____

Department: _____

Previous Coach and Counsels (Type of Action, Offense, Date):

INCIDENT: Describe the situation (behavior, performance, policy violation, etc.) that occurred. Include date(s), time(s), location(s), people involved, witnesses, effects of incident on employee's work or other employees, and all other relevant information.

GOALS AND TIMEFRAME FOR IMPROVEMENT: What specific actions, within what timeframe, are to be accomplished to improve the behavior/performance?

FOLLOW-UP REVIEW DATE (If applicable):

CONSEQUENCES: What will happen if the employee fails to meet the goals within the set timeframes?

EMPLOYEE'S COMMENTS:

Manager/Supervisor's Signature: _____ Date: _____

I understand that my signature indicates only that this incident has been reviewed with me and does not indicate agreement or disagreement with the action taken.

Employee's Signature: _____ Date: _____