



COUNSELING/VERBAL WARNING

Employee Name: _____ Title _____

Employee ID: _____ Department/Program: _____ Location: _____

The following counseling/verbal warning has taken place due to deficiencies in the following area(s):
Check all boxes that apply and give details under Summary of Incident section below)

- Unsatisfactory performance
- Not adhering to HEC policies and procedures
- Dishonesty/Issue of integrity (e.g., clocking-in/out for other employees)
- Insubordination – Refusal to carryout directions or assignment
- Leaving work without permission
- Prompt and timely attendance
- Negative confrontation with a guest or another employee
- Other _____

Description of facts giving rise to counseling/warning:

Summary of corrective action needed:

Date of review _____. In the event this condition is not corrected, or another offense occurs, you will be subject to further disciplinary action, up to and including termination. You understand that the original of this counseling/verbal warning form will be placed in your personnel file.

Employee Signature: _____ Date: _____

(Your signature is intended only to acknowledge receipt of the notice; it does not imply agreement or disagreement with the notice itself. If you refuse to sign, someone in a management position will be asked to initial the form indicating that you received a copy of the form.)

Supervisor Signature: _____ Date: _____
(Print and sign name)

Department Director: _____ Date: _____
(Print and sign name)