**EMPLOYEE COUNSELING STATEMENT**

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| --- | --- |
| **Employee Name:** |  |
| **Date:** |  |

**Reason for Conference**

☐ Violation of Center Policy/Procedure ☐ Suspension Pending Investigation

☐ Sub-Standard Job Performance ☐ Attendance ☐ Other

What Policy(ies), Procedure(s), Standard(s) was not followed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Details of the Incident/Allegation**

What Specifically Occurred

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When (Date and Time) Date\_\_\_\_/\_\_\_\_/\_\_\_\_ Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where (Location, Classroom, Area of Classroom)

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How (What Lead to Incident)

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Who Reported Incident (may omit for confidentially purposes)

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Were there witnesses (may omit names for confidentiality purposes)

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**Investigation of Incident**

Did the Employee admit violating policy/procedure/standard? ☐ Yes ☐ No

Were witnesses interviewed? ☐ Yes ☐ No

Summary of Investigation:

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**Previous Counseling of Employee on Performance**

☐ Verbal Date\_\_\_\_/\_\_\_\_/\_\_\_\_ Concern Addressed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Written Date\_\_\_\_/\_\_\_\_/\_\_\_\_ Concern Addressed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Written Date\_\_\_\_/\_\_\_\_/\_\_\_\_ Concern Addressed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Written Date\_\_\_\_/\_\_\_\_/\_\_\_\_ Concern Addressed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Performance Appraisal Date\_\_\_\_/\_\_\_\_/\_\_\_\_ Concern Addressed \_\_\_\_\_\_\_\_\_\_

**Counseling Statement Results**

☐ Unfounded (Employee may return to work) ☐ Termination

☐ Written Warning: (Employee may return to work knowing future warnings could result in termination.)

**Outcomes:**

Future Expectations of Employee to avoid a similar incident:

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Consequences if expectations are not met, performance isn't improved, or other violations are repeated:

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Employee Comments

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Employee Signature Date

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Manager Signature Date