

WRITTEN COUNSELING (INTERMITTENT/TEMPORARY EMPLOYEES)

SECTION 1: INFORMATION

Employee's Name

Supervisor's Name

Date

SECTION 2: DETAILS

The purpose of this document is to notify you of concerns with your work performance and/or behavior. You are being issued this written counseling due to the following:

Describe the issue/impact

Describe the expectation going forward

SECTION 3: ACKNOWLEDGEMENT

You must immediately correct the performance concerns identified. Failure to do so will result in further corrective action up to and including termination of your employment. ***Please sign below indicating that we have discussed all of the above items.***

Employee's Signature

Date

Supervisor's Signature

Date

Please submit a copy of this form back to your Employee and Labor Relations Representative.