



Employee Performance/Counseling Report Form

<i>Last Name, First Name MI</i>	<i>Department/Company</i>	<i>Date</i>
<i>Location/Address</i>		

<input type="checkbox"/> Initial Report <input type="checkbox"/> Second Report <input type="checkbox"/> Final Report <input type="checkbox"/> Termination Report	<input type="checkbox"/> Violation of Company Policy <input type="checkbox"/> Poor Job Performance <input type="checkbox"/> Recognition of Job Performance <input type="checkbox"/> Other _____
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Explain in detail the incident, occurrence or performance deficiency; include date and location.

Use the space below to detail corrective step(s) or action plan(s)

Employee Comments/Remarks

<i>Employee Printed Name</i>	<i>Signature</i>	<i>Date</i>
<i>Immediate Supervisors Printed Name/Title</i>	<i>Signature</i>	<i>Date</i>
<i>Secondary Supervisor's Printed name/Title</i>	<i>Signature</i>	<i>Date</i>