

**EMPLOYEE COUNSELING RECORD**  
(Complete in two copies)

Date

**PART I. Employee Identification**

Last Name

First

M.I.

Social Security Number

**PART II. Narrative Description of incident or deficiency. (To be completed by supervisor)**

Return this form to me by \_\_\_\_\_ a.m. / p.m on \_\_\_\_\_

Supervisor's Signature

**PART III. Employee's Comments**

Employee's Signature

Date

**PART IV. Summary Record of Counseling (To be completed by supervisor)**

Supervisor's Signature

Employee's Signature

Date