

## Employee Counseling Report

**Employee Name** \_\_\_\_\_

**Description of Incident Requiring Counseling**

**Related Policies or Accrediting Body Standards Violated (list all that apply)**

**Required corrective action(s) to be taken on behalf of the employee**

**Disciplinary Action(s) Taken on behalf of Professional Medical (describe all that apply)**

- |   |  |
|---|--|
| <input type="checkbox"/> Verbal Warning was given to the employee<br><input type="checkbox"/> Written Warning Placed into employee's personnel folder<br><input type="checkbox"/> Suspension from job without pay for _____ days<br><input type="checkbox"/> Corrective Action by the employee to be performed (list above) | <input type="checkbox"/> Reassignment of job duties<br><input type="checkbox"/> Additional shifts / duties assigned (or revoked as appropriate)<br><input type="checkbox"/> 90 Day probationary period where any additional policy violations will result in termination<br><input type="checkbox"/> Dismissal from employment |
|---|--|

Other (explain):

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_