Documentation of Verbal Counseling



| <u> </u> | | Supervisor Name: | |
|---|--------------------------------|--|--|
| Job Title: | Departme | ent: Full-time Part-time | |
| Campus: | Status: | | |
| | | | |
| session. The supervisor retains | - | d to summarize the verbal counseling or his/her records and a copy is provided | |
| to the employee. | | | |
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| | Incident Information | | |
| Date of Incident: | Brief Nature of Incident: | | |
| Explanation of Incident: | | | |
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| Specific Expectations and Actions to be Taken | | | |
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| I understand that my signature stated above. | is acknowledgement that my sup | pervisor and I discussed the incident | |
| Employee Signature: | | Date: | |
| Supervisor Signature: | | Date: | |