# EMPLOYEE COUNSELING FORM

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employee Title:</th>
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<table>
<thead>
<tr>
<th>Supervisor or Manager Name:</th>
<th>Supervisor or Manager Title:</th>
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<thead>
<tr>
<th>Today’s Date:</th>
<th>[Incident Date/Performance Period]:</th>
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<tr>
<th>Incident Time (if relevant):</th>
<th>Incident Location (if relevant):</th>
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Description of the workplace performance issue or incident (attach additional sheets and backup documentation if necessary):

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

[Names of supervisor(s) and/or manager(s) with knowledge of the workplace performance issue/Witnesses to the incident]:

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Names of those in attendance at current counseling meeting:

____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

Corrective or disciplinary action to be taken in the short term, effective on [DATE]:

___ Oral Warning  ___ Written Warning  ___ Suspension Without Pay

___ Final Warning  ___ Discharge  ___ Other (explain below)
(If Suspension, period begins ________________ and ends ________________.)

Goals to be achieved/Change in workplace behavior required:

____________________________________________________________________________________________

____________________________________________________________________________________________

Progress check-in scheduled:

____________________________________________________________________________________________

____________________________________________________________________________________________

Possible consequences for failure to improve performance or correct behavior:

____________________________________________________________________________________________

____________________________________________________________________________________________

Prior discussions or warnings on this subject with this employee, whether oral or written (include date):

____________________________________________________________________________________________

____________________________________________________________________________________________

Employee statement:

____________________________________________________________________________________________

____________________________________________________________________________________________

I acknowledge that I have read and understand the above information and consequences. I acknowledge that I have received a copy of this form (signature does not indicate agreement with counseling).

Further, I understand that my employment is entered into voluntarily, that I am free to resign at any time, and that [EMPLOYER NAME] may terminate the employment relationship for good cause in the State of Montana.

"Good cause" means reasonable job-related grounds for dismissal based on a failure to satisfactorily perform job duties, disruption of the employer's operation, or other legitimate business reason. MCA 39-2-903

________________________________________
Employee Signature

________________________________________
Date

________________________________________
Supervisor or Manager Signature

________________________________________
Date