



## EMPLOYEE COUNSELING FORM

<b>Employee Name:</b>	<b>Employee Title:</b>
<b>Supervisor or Manager Name:</b>	<b>Supervisor or Manager Title:</b>
<b>Today's Date:</b>	<b>[Incident Date/Performance Period]:</b>
<b>Incident Time (if relevant):</b>	<b>Incident Location (if relevant):</b>

Description of the workplace performance issue or incident (attach additional sheets and backup documentation if necessary):

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

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Names of those in attendance at current counseling meeting:

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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)

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(If Suspension, period begins \_\_\_\_\_ and ends \_\_\_\_\_.)

Goals to be achieved/Change in workplace behavior required:

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Progress check-in scheduled:

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Possible consequences for failure to improve performance or correct behavior:

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

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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**

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Employee Signature

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Date

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Supervisor or Manager Signature

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Date

**Copies to:**

- Employee
- Personnel File