EMPLOYEE COUNSELING FORM

<table>
<thead>
<tr>
<th>Employee Name:</th>
<th>Employee Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor or Manager Name:</td>
<td>Supervisor or Manager Title:</td>
</tr>
<tr>
<td>Today's Date:</td>
<td>[Incident Date/Performance Period]:</td>
</tr>
<tr>
<td>Incident Time (if relevant):</td>
<td>Incident Location (if relevant):</td>
</tr>
</tbody>
</table>

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

 Copies to:
• Employee
• Personnel File