

Date of meeting: \_\_\_\_\_

# EMPLOYEE COUNSELING FORM

Employee's name: \_\_\_\_\_

Position: \_\_\_\_\_

Person conducting meeting: \_\_\_\_\_

Location: \_\_\_\_\_

Please identify the areas of counseling that need addressed for this meeting:

Please check all that apply:

- Previous verbal discussions on matter
- Previous written discussions on matter
- Any Memos related to this matter
- Prior Formal Reprimand issued
- Corrective action taken before today

Write date below

- Date: \_\_\_\_\_
- Date: \_\_\_\_\_
- Date: \_\_\_\_\_
- Date: \_\_\_\_\_
- Date: \_\_\_\_\_

Copy attached

- Yes or  No
- Yes or  No
- Yes or  No
- Yes or  No
- Yes or  No

If corrective action was taken, what was it? \_\_\_\_\_

Solution(s) to the problem:

If this problem persists, occurs again and/or in general remains uncorrected, this is grounds for immediate termination without any further discussions. Team Member may formally protest in writing to the Franchisee within two business days of this notice. Fax (903) 473-4360 or call for mailing instructions (800) 443-9400 ext 0.

Person conducting meeting signature: \_\_\_\_\_ Date: \_\_\_\_\_

Team member signature: \_\_\_\_\_ Date: \_\_\_\_\_

The below witness attests that the team member is present for this meeting or refused to attend.

\_\_\_\_\_  
Witness signature

\_\_\_\_\_  
First and last name of witness: