

**WESTERN BUILDERS LIMITED
EMPLOYEE COUNSELLING FORM**

EMPLOYEE NAME: _____ **EMP #** _____
DATE: __/__/__

REASON FOR COUNSELLING:

- | | |
|--|---|
| <input type="checkbox"/> INSUBORDINATION | <input type="checkbox"/> UNSATISFACTORY WORK PERFORMANCE |
| <input type="checkbox"/> DISRUPTIVE WORK BEHAVIOUR | <input type="checkbox"/> REFUSAL TO PERFORM ASSIGNED WORK |
| <input type="checkbox"/> EXCESSIVE ABSENCE OR LATENESS | <input type="checkbox"/> VIOLATION OF SAFETY RULES |
| <input type="checkbox"/> VIOLATION OF COMPANY RULES | <input type="checkbox"/> COMPLIMENT |
| <input type="checkbox"/> OTHER (SPECIFY BELOW) | |
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-
-

PRIOR COUNSELLING RECORD:

DATE: _____	COUNSELLING ACTION TAKEN _____	REASON _____
DATE: _____	COUNSELLING ACTION TAKEN _____	REASON _____
DATE: _____	COUNSELLING ACTION TAKEN _____	REASON _____

COUNSELLING ACTION TAKEN:

- | | |
|--|--|
| <input type="checkbox"/> FRIENDLY / VERBAL WARNING | <input type="checkbox"/> WRITTEN WARNING |
| <input type="checkbox"/> SUSPENSION | <input type="checkbox"/> TERMINATION |
| <input type="checkbox"/> OTHER | |
-

DESCRIPTION OF INCIDENT:

Please describe in a complete and concise manner, exactly what behaviour the employee displayed which caused this counselling form to be issued. Please provide all relevant information

Further violation will result in : _____

CORRECTIVE ACTION TO BE TAKEN:

What steps will employee take to correct their inappropriate work behaviour? _____

EMPLOYEE'S COMMENTS:

- I agree with the action taken for the following reason(s)
 I disagree with the action taken for the following reason(s)

Comments: _____

EMPLOYEE'S SIGNATURE: _____ **DATE:** _____

SUPERVISOR'S SIGNATURE: _____ **DATE:** _____