

Guideline 8

PERFORMANCE IMPROVEMENT COUNSELING

NAME _____ DATE _____

POSITION _____

The following area(s) of behavior and/or performance are below acceptable standards:

The following behavior and/or performance standards will be met:

The following steps will be taken by the supervisor to enable employee to achieve the required behavior and/or performance:

The employee has been verbally counseled on these issues: (list dates)

Signature of Supervisor _____ Date _____

I have received a copy of the performance improvement counseling. (Signature does not mean agreement with its contents).

Signature of Employee _____ Date _____

Employee's Comments:
