

STAFF COUNSELING NOTICE

Last Name _____ First Name _____ University ID# _____
Department _____ Position Title _____
Date of Hire ___ / ___ / _____ Today's Date ___ / ___ / _____ Date of Last Notice ___ / ___ / _____

The following people attended this counseling session:

Summarize the topic(s) discussed, what corrective action is to be taken by the staff member, and the consequences to the staff member if satisfactory results are not achieved. Attach additional sheets if necessary.

On ___ / ___ / _____ at ___ : ___ , a counseling session was held to discuss the following:

(Date) (Time)

I have received a copy of this counseling.

Supervisor's Signature

Date ___ / ___ / _____

Staff Member's Signature

Date ___ / ___ / _____

Upon completion, give a copy to the staff member being counseled and retain a copy in your department. Copies are NOT to be forwarded to the staff member's personnel file.

cc: Department and Staff Member