

## Memo on Employee Counseling

Employee's Name \_\_\_\_\_ Job Assignment \_\_\_\_\_

Problem: (What did the employee do or fail to do? When?)

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Discussion with Employee: (What was the employee's side of the story? What did you tell the employee?)

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

\_\_\_\_\_  
Signature of Supervisor

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

\_\_\_\_\_  
Signature of Witness

Employee's Comments:

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

\_\_\_\_\_  
Signature of Employee