



Employee Counseling Form

Employee Name	TCU ID#
Department	Date
____ This form documents verbal counseling.	____ This form constitutes written counseling.

Reason for counseling:

Corrective and/or disciplinary action to be taken:

Consequences of failure to improve:

Employee's remarks:

Employee's Signature	Date
Supervisor's Signature	Date
Director's Signature	Date

Distribution of Copies

One Copy to Human Resources One Copy to Department One Copy to Employee