

Employee Counseling Session Record

This record is used to document counseling sessions regarding employee performance, behavior, or other workplace matters. Completed forms should be signed by both parties and filed in the employee's personnel record.

1. General Information

Employee Name: Date of Session:
Job Title: Department:
Counselor / Supervisor Name: Supervisor Title:

2. Reason for Counseling

Specify the primary reason(s) for this session (e.g., Performance, Attendance, Conduct, Policy Violation, Career Development):

Primary Reason:

3. Discussion Details

Describe the specific issues, incidents, or areas of concern discussed during the session:

4. Employee Response and Input

Record the employee's comments, explanations, or perspective on the situation:

5. Action Plan & Expected Outcomes

Outline the specific actions the employee must take, support to be provided by management, and the consequences of non-improvement:

Agreed Corrective Action Steps:
Management Support / Resources:
Follow-Up Review Date:

6. Acknowledgment & Signatures

By signing below, the parties acknowledge that the counseling session occurred and the above information was discussed. The employee's signature does not necessarily indicate agreement with the contents, but acknowledges receipt of this record.

Employee Signature: Date:
Supervisor/Counselor Signature: Date: