



CITY OF CANTON

EMPLOYEE COUNSELING REPORT

Employee: _____		Date: _____	
Department: _____		Supervisor: _____	
Job Title: _____		Starting Date: _____ Ending Date: _____	
Type of Action: <input type="checkbox"/> Employee Counseling (discussed with employee) <input type="checkbox"/> Documented Oral Reprimand <input type="checkbox"/> Written Reprimand		<input type="checkbox"/> Suspension <input type="checkbox"/> Demotion <input type="checkbox"/> Termination <input type="checkbox"/> Other _____	

DESCRIPTION OF PROBLEM/VIOLATION: (include date, time, place, specific details. Attach additional documentation/reports, if pertinent.)

RULE OR POLICY VIOLATED:

EXPECTED IMPROVEMENT: (clear, direct, factual)

NEXT ACTION: (Disciplinary action up to and including termination)

DATE FOR NEXT REVIEW:

EMPLOYEE'S COMMENTS: (Employee's handwriting)

I acknowledge that the above counseling form has been discussed with me and I **agree** with the report.

EMPLOYEE SIGNATURE: _____	DATE: _____
SUPERVISOR SIGNATURE: _____	DATE: _____
MANAGER SIGNATURE: _____	DATE: _____

I acknowledge that the above counseling form has been discussed with me. I **disagree** with the report and I know I can refer to Chapter 13 of the Personnel Policies and Procedures to find out about my rights.

EMPLOYEE SIGNATURE: _____	DATE: _____
SUPERVISOR SIGNATURE: _____	DATE: _____
MANAGER SIGNATURE: _____	DATE: _____