# Department of Military

# Employee Counseling / Action Summary

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| Employee:  | EMPL ID:  |
| Supervisor:  | Date of violation:  | Date of warning: |
| Is the employee in a probationary period? [ ] Yes [ ] No |
| Is the employee in a temporary appointment? [ ] Yes [ ] No |

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| Have there been previous warnings? [ ] Yes [ ] No | Check all that apply. |
| Disciplinary Action | Date(s) | Briefly describe the nature of the inappropriate behavior. |
| [ ] Verbal warning |  |  |
| [ ] Written warning\* |  |  |
| [ ] Decision making leave\* |  |  |
| [ ] Termination\* |  |  |

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| **Nature of the current violation. Provide the facts. Describe in detail below, on back, or attach a sheet.**  |
| [ ] Substandard Work | [ ] Tardiness | [ ] Carelessness | [ ] Theft |
| [ ] Insubordination | [ ] Harassing others | [ ] Violence | [ ] Other |
| [ ] Inappropriate Conduct | [ ] Dishonesty | [ ] Absenteeism |  |

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| **Describe the Violation: (Example)** Employee John Doe left work on 1/8/2021 left work without the permission of the supervisor which **Violation: Ease Policy #43-2020.** * On **12/14/20** and **1/5/21** Joe Brown called in to inform he would be late, but the employee never showed up.
* This is also a violation of the Ease Policy #43-2020 and Policy # 52-2020 Workplace Professionalism Policy
* and the **Uniform Disciplinary Policy-#47-2020** Teamwork, Responsibility and Dependability
 |
| **Objectives** - **What are the expectations (behavioral/physical) of the position?**  |
| **Solutions** - **What has been done to help the employee succeed?**  |
| **Actions** **- What actions will be taken if the above objectives are not met?** **In addition to your actions for the specific situation, this section normally contains the following statement:** *"I know you can succeed in correcting your behavior; however, future violations will result in further disciplinary action(s) up to and including termination."* |

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| Employee's comments (attach sheet if needed) |
| **NOTE: Your signature indicates that you have received this information.** |
| Employee's Signature: | Date: |
| Supervisor's Signature: | Date: |