# Department of Military

# Employee Counseling / Action Summary

|  |  |  |
| --- | --- | --- |
| 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 | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 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\* |  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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 |  |

|  |
| --- |
| **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."* |

|  |  |
| --- | --- |
| 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: |