

<Insert Name of Facility>

EMPLOYEE COUNSELING & IMPROVEMENT PLAN

Employee: _____

Date: _____

1. Description of Incident:

2. Improvement Goals:

3. Training or Direction:

4. Time Frame: _____

5. A review will take place on _____ at _____.

6. Consequences (+ and -): _____

7. Employee Comments:

I have reviewed verbally with my supervisor, read and received a copy of the above statement. My signature does not necessarily constitute an agreement with the above.

Employee

Date

Supervisor

Date