

**Documentation of Verbal Counseling Session**  
(Non-Civil Service)

Employee Name: \_\_\_\_\_ Employee No.: \_\_\_\_\_

Position: \_\_\_\_\_ Department: \_\_\_\_\_

Reason for Counseling

Problem(s)/violation(s):

Expectations:

Is additional training needed? \_\_\_\_\_ If so, define:

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date signed by Supervisor