

**HR-9**  
**DOCUMENTATION OF VERBAL COUNSELING SESSION**

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

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

Reason for Counseling

Problem(s)/violation(s):

Expectations:

Is additional training needed?      Yes      No

If yes, define:

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

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