

RECORD OF EMPLOYEE PERFORMANCE

(Counseling)

Employee's Name:

Date (mm/dd/yyyy):

Classification:

Work Location:

Department:

TASK WHICH EMPLOYEE HAS DONE POORLY:

Rater's Signature: _____

Reviewer's Signature: _____

EMPLOYEE:

Your signature means you have seen and read the above report, and that you have been counseled by your immediate supervisor (rater). This job performance record shall *not* be put in your personnel file; it shall only go into your incident file. This record does *not* constitute any form of reprimand or discipline.

Employee's Signature: _____

Date: _____