

RECORD OF EMPLOYEE COUNSELING – FACILITIES MANAGEMENT

The purpose of this meeting is to counsel _____ regarding the following circumstances: _____
(Print Employee's Name)

Employee's Banner ID # _____

Job Title _____ Department _____

Description of Incident or Problem

Specific Counseling Recommendation Given to Employee

The employee's signature indicates he/she has seen this report, but does not necessarily indicate agreement.

(Employee's Signature) (Date)

(Supervisor's Signature) (Date) _____
(Department Head's Signature) (Date)

Distribution: Employee Department File FHR File FHR – REC
1/20/2016