



TEAM MEMBER VERBAL COUNSELING REPORT

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| NAME | | EMP. NUMBER | |
| LOCATION | DEPARTMENT | POSITION | DATE |

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| NATURE OF CONDITION, INQUIRY OR INCIDENT | DESCRIBE THE INCIDENT/ISSUE IN DETAIL TO ALLOW FOR READY INTERPRETATION BY THE OTHER CONCERNED PARTIES. (Cite Subject of counseling, time and date) |
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| CONCLUSION/ACTION TO BE TAKEN | DESCRIBE WHAT REMEDY WAS REQUESTED OF THE EMPLOYEE TO IMPROVE PERFORMANCE OR CHANGE BEHAVIOR. (BE SPECIFIC) |
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| AUTHORIZATIONS | EMPLOYEE | PRINTED NAME | DATE |
| | MANAGER | PRINTED NAME | DATE |
| | HUMAN RESOURCES | PRINTED NAME | DATE |
| | CORPORATE OFFICER | PRINTED NAME | DATE |