

Acrobat

outsourcing
Your Hospitality Staffing Professionals

Corrective Counseling Form

Employee's Name:	Anna Fialova	Date of Hire:	4/21/2014
Job Title:	Specialty Cook	Office/Dept.:	Tuck Shop
Manager's Name/ Others Present	Phillip Fairchild	Today's Date:	01/09/2018
	Paul Ricket		

REASON FOR COUNSELING: (Manager's Instructions): Describe the performance problem(s), policy violation(s), and/or inappropriate conduct that make this counseling necessary. Provide specific examples of the problem(s), including times, dates and places. Cite any previous discussions or counsels that management may have had with the employee about the same or similar problem(s). Continue on back of this page or attach additional sheets, if needed.

On Thursday 1/4 Anna displayed attitude / disrespectful actions toward both Eddie and Ramon, her supervisors. Anna refused to listen to Ramon's work plan. Anna dismissed Ramon's instructions on his staffing of the station. Would not utilize the staff given to her. Later in the night she was disrespectful / confrontational with Ramon. Other staff heard this. This has been an ongoing coaching for Anna and it is time to remind her the severity of her behavior and the impact it has on her coworkers and her environment.

ACTION PLAN - REQUIRED CHANGES: Describe the specific performance and/or job-related behaviors that must change. Describe what the employee must do, and if appropriate, what the organization or manager will do to help achieve the desired level of performance. If appropriate, indicate a specific time frame

which performance must improve.

Must be respectful to entire management team and co workers

Don't worry about work outside your responsibilities

Any further disrespectful actions will result in immediate removal from Dropbox.

This is a Written Warning. Failure to correct the problem(s) described above may result in further disciplinary action, up to and including termination of employment at any time.

MANAGER'S SIGNATURE:

Discussed with employee by:

(Employee's Supervisor)

SPECIALTY COOK

1/9/17
(Date)

WITNESS'S SIGNATURE (if applicable)

Phil Fairchild
(Name)

On-Site Supervisor
(Title)

1/9/17
(Date)

EMPLOYEE ACKNOWLEDGMENT:

By signing below, I acknowledge that I have received and understand this counseling. I understand what the expectations are for improvement and that my continued employment may be in jeopardy if I fail to correct the problems described above. I understand I may respond in writing to this counseling and that my response will be placed in my personnel file. Finally, I understand that I may discuss this counseling with a higher level of management, if I wish, without fear of retaliation.

Don't
Upload in File

(Employee's Signature)¹

(Date)

EMPLOYEE'S COMMENTS: (continue on back of page or attach additional sheets, if necessary):

Original to Employee's Personnel File / Copy to Manager / Copy to Employee

¹ **Manager's Note:** If employee declines to sign, write "Employee Declined To Sign" on signature line. If practical, have another manager present who can sign this form as witness that counseling discussion did occur. Give a copy of completed form to employee, whether he/she signed it or not.