

# Acrobat

outsourcing  
Your Hospitality Staffing Professionals  
Corrective Counseling Form

Employee's Name:	Tiffany Hines	Date of Hire:	3/26/2018
Job Title:	PM Prep Cook	Office/Dept.:	Dropbox
Manager's Name/ Others Present	Jaime Barnhart, Jared Sablan	Today's Date:	10/8/18

**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 counselings 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.

Took time off 9/4-9/10 and then called out 9/11, Took time off 9/24-9/28 and then called out 10/1 and 10/2

"Please note this is the second time Tiffany has called out after a week off. Future call outs may require cancellation of her assignment here at Dropbox"

**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 timeframe in which performance must improve.

For future time off, anticipate what amount of days you will need off, and if it is last minute in which you need to extend your time off please be as proactive as possible in giving more than 24 hours notice.

Less than 24 hours notice for call outs puts a strain on the team and the Supervisor as well, and makes it difficult to find coverage.


Being so close to the end of the year, please try to limit last minute call outs, and for extended time off please give a good amount of notice.

**CONSEQUENCES:**

**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)

Sr Ops Mgr

(Title)

10/9/18

(Date)

**WITNESS'S SIGNATURE (if applicable)**



(Name)

(Title)

10/9/18

(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.



(Employee's Signature)<sup>1</sup>

10-10

(Date)

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

Don't agree with  
vfk up because I provided valid documentation. But  
I get it. Thanks

<sup>1</sup> **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.