

Acrobat

outsourcing
Your Hospitality Staffing Professionals

Corrective Counseling Form

Employee's Name:	<u>Ana Delos Santos Felix</u>	Date of Hire:	<u>12/3/2018</u>
Job Title:	Porter	Office/Dept.:	Tuckshop
Manager's Name/ Others Present	Jaime Barnhart	Today's Date:	<u>3/20/2019</u>

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.

You were late on two occasions in a row, one on 3/19 you arrived to work about half an hour late and on 3/20 you clocked in at 7:08am

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.

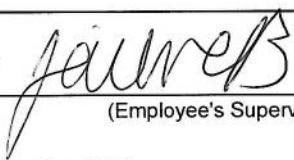
We are asking you to be on time and clocked in atleast a few mintues early or no later than 7am, if you continue to be late this may affect your assignment

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)

onsite supervisor

3/20/19

(Date)

WITNESS'S SIGNATURE (if applicable)

(Name)

(Title)

(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)¹



(Date)

3/20/19

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

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.