

Acrobat
outsourcing
Your Hospitality Staffing Professionals
Corrective Counseling Form

Employee's Name:	Mariah Navarette	Date of Hire:	8/13/2018
Job Title:	Porter	Office/Dept.:	Tuckshop
Manager's Name/ Others Present	Jaime Barnhart	Today's Date:	4/24/2019

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.

Reasons are as follows:

9 Last minute call outs in the past 7 months:

1. 9/21/2018
2. 10/10/2018
3. 10/23/2018
4. 12/14/2018
5. 1/10/2019
6. 1/28/2019
7. 2/19/2019
8. 3/11/2019
9. 4/23/2019

5 Tardies in the past 7 months:

1. 12/10/2018
2. 1/2/2019
3. 1/25/2019
4. 2/25/2019
5. 4/16/2019

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.

Try and plan PTO or sick time ahead of time, schedule doctors appointments and submit a form to have the day off.

If calling out, make sure it is at least 24 hours in advance otherwise it will be considered last minute

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:

Jaime B

(Employee's Supervisor)

ONSITE SUPERVISOR 4/24/19

(Title)

(Date)

WITNESS'S SIGNATURE (if applicable)

(Name)

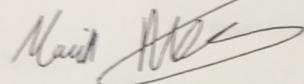
(Title)

(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)



(Date)

4/24/19

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.

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Distribution: ORIGINAL - Employee's Personnel File

COPY -Employee, whether signed or not