

Acrobat

outsourcing
Your Hospitality Staffing Professionals
Corrective Counseling Form

Employee's Name:	Nana Kofi Incoom	Date of Hire:	3/22/2019
Job Title:	Barista	Office/Dept.:	Tuckshop
Manager's Name/ Others Present	Jaime Barnhart	Today's Date:	4/29/2019

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:

- Being caught using your cell phone multiple times, even after having had verbal coachings about this behavior
- Displaying mannerisms that bring down team moral and make it seem as if you do not want to be here or do not enjoy doing the job assigned to you (standing around, leaning, no sense of urgency)

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.

Only use your phone during breaks; your ten minute break or 30 minute lunch

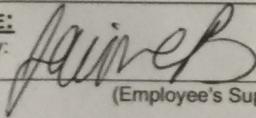
Have a sense of urgency, keep up with your tasks, stay busy. If you are unsure of a task to do while you have down time, ask if anyone needs assistance with anything they are doing

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)

On-site supervisor

4/29/19

(Title)

(Date)

WITNESS'S SIGNATURE (if applicable)

(Name)

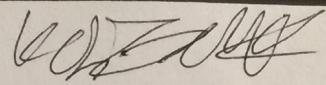
(Title)

(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)¹



(Date) 4/29

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.