

Acrobat

outsourcing
Your Hospitality Staffing Professionals
Corrective Counseling Form

Employee's Name:	CHRIS NEPOMOCENO	Date of Hire:	01/03/2017
Job Title:	Porter	Office/Dept.:	Tuckshop
Manager's Name/ Others Present	Phillip Fairchild	Today's Date:	03/07/2018

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.

While assigned to The Tuckshop, a complaint was received from a female Dropbox employee, which stated: "This [person] has interacted with Chris before but only briefly. Yesterday around 1:00pm, she ran into him in the micro kitchen on the 4th floor. He asked her where she had been lately and then said "Hey, maybe I can call you sometime." she said no, and he said "Come on please?" and kept pushing until she walked away."

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.

Chris must not interact with this employee again unless it is in the course of his duties and related to his work. Chris needs to understand that he is at Tuckshop only to work in the capacity of being a Porter. Any further reports of approaching females or any of the employees at Dropbox or his own co-workers, making advances that cause others to feel uncomfortable, can or will result in his being cancelled from his assignment at Dropbox.

CONSEQUENCES:
This is a Final 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)

(Title)

(Date)

3-7-18

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

3/7/18

(Date)

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

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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 the witness that counseling discussion did occur. Give a copy of completed form to employee, whether he/she signed it or not.