

**Acrobat**  
outsourcing  
Your Hospitality Staffing Professionals  
Corrective Counseling Form

Employee's Name:	Jibao Washington	Date of Hire:	2/9/2018
Job Title:	AM Cook	Office/Dept.:	Tuck Shop
Manager's Name/ Others Present	Phillip Fairchild	Today's Date:	4/17/18

**REASON FOR COUNSELING:** (Manager's Instructions): Describe the performance problem(s), policy violation(s), and/or inappropriate conduct that make th counseling necessary. Provide specific examples of the problem(s), including times, dates and places. Cite any previous discussions or counsels th 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.

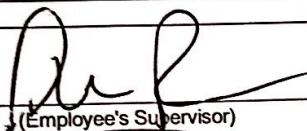
Employee is on a Written warning because of being 3 hours late within his first 90 days

**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.

Jibao will have to be here at the start of his shift until his 90 day probationary period is up. Valid reasons excepted. Doctor notes, commute delays ... 5/9/2018

**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.

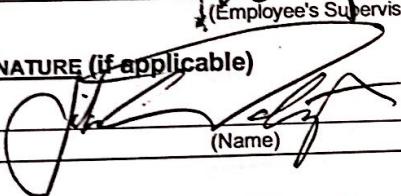
**MANAGER'S SIGNATURE:**  
Discussed with employee by:

  
(Employee's Supervisor)

Supervisor  
(Title)

4-18-1  
(Date)

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

  
(Name)

(Title)

4-18-19  
(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>

(Date)

**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

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