

THE UNIVERSITY OF  
**ALABAMA**

**EMPLOYEE CORRECTIVE COUNSELING FORM**

This form is used as a guide for the supervisor when documenting issues that need attention under the provisions of the University Progressive Disciplinary Procedures. When completed, it serves as a written record of corrective counseling conducted with an employee pertaining to violation of one or more University rules.

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**EMPLOYEE NAME**

**CAMPUS WIDE ID NUMBER**

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**JOB TITLE**

**DEPARTMENT**

**Which form of Counseling Applies:**

Verbal Counseling

Written Counseling

Suspension for Working Days  
Beginning / and ending /

Dismissal  
Effective Date: /

Without Pay  With Pay

**Date and Time of Incident:**

**Issues and Policies Discussed:**

**Facts and Events Leading to the Discussion:**

**Why a Concern:**

**Action Steps for Improvement:**

**Follow-Up Date:**  30 Days  60 Days **Days**

**This date will occur on:** / /

**Previous Counseling Summary:**

**Same Policies?**  No  Yes **Description and Dates:**

**Other Policies?**  No  Yes **Description and Dates:**

**Consequences Of Failure To Improve:**

Further Disciplinary Action

Dismissal Will Be Recommended

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**Supervisor's Signature**

**Date**

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**Dean/Director's Signature**

**Date**

**To the employee:**

This written record of corrective counseling is being issued based on your violation of one or more University rules or for poor performance. This report will remain in your employee personnel file. You are being provided a copy of this Corrective Counseling Form.

*The employee's signature indicates he or she has seen this report and that the contents have been reviewed with him or her. The signature does not necessarily indicate agreement.*

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**Employee's Signature**

**Date**

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