

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.

EMPLOYEE NAME

CAMPUS WIDE ID NUMBER

JOB TITLE

DEPARTMENT

Which form of counseling applies?:

Verbal Counseling

Suspension for Working Days

Written Counseling

Beginning / and ending /

Final Written Counseling

Without Pay With Pay

Dismissal Effective Date: /

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

