



Coaching/Counseling Opportunity Form

Employee name:	Location:	Supervisor name:
Date of occurrence:		

The following counseling has taken place (check all that apply and give details in the summary below):

<input type="checkbox"/> Absence	<input type="checkbox"/> Harassment
<input type="checkbox"/> Tardiness	<input type="checkbox"/> Unauthorized use of equipment, materials
<input type="checkbox"/> Violation of company policies and/or procedures	<input type="checkbox"/> Minor violation of safety rules
<input type="checkbox"/> Smoking in unauthorized areas	<input type="checkbox"/> Leaving work without authorization
<input type="checkbox"/> Failure to follow expectations	<input type="checkbox"/> Unsatisfactory job performance
<input type="checkbox"/> Other	

Summary of violation:

Summary of corrective plan of action:

Supervisor signature: _____ Date: _____