

Counseling Memo

Subject: Code of Conduct Breach

Employee Name:

Employee ID:

Department:

Supervisor/Manager:

Date of Counseling:

Incident Description:

Code of Conduct Policy Violated:

Employee Response:

Counseling Action / Plan for Improvement:

Consequences of Repeated Offense:

Employee Signature

Date:

Supervisor/Manager Signature

Date:

A copy of this memo will be placed in the employee's personnel file.

