

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.

