

# Genesee County Road Commission Employee Counseling Form

Basic Information			
Employee Name	Job Title	Department	Manager/Supervisor Name
Incident Date/Time	Date of Counseling	Names of Others Present at Session	
Counseling Information			
Reason for Counseling			
Tardiness or Absences	Behavior	Inappropriate Conduct	
Job Performance	Safety Violation	Violence	
Failed to Report to Work	Other:		
Description of Workplace Issue			
Summary of Corrective Plan of Action			
Employee Statement			
Follow-Up Date:			
Employee Signature	Date	Manager/Supervisor Signature	Date
Witness Signature	Date	HR Received	Date