

Tulane

Staff Counseling Report

Please type or print

Date _____

Employee's Name _____ S.S.# _____

Title & level _____

Department _____ College or Division _____

1. State the reason for counseling: Include all details and circumstances. Be specific.

2. State directive given the employee in connection with the counseling report. State corrective actions to be taken or forewarning of future disciplinary actions.

The above information has been discussed with me and my signature only represents the information has been discussed with me.

Employee's signature _____ Date _____

() Employee refuses to sign.

Witness's signature _____ Date _____

Supervisor's signature _____ Date _____

Department head's signature _____ Date _____

1st Copy: EMPLOYEE; 2ND Copy: HUMAN RESOURCES; 3rd Copy: TO BE RETAINED BY DEPARTMENT