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| **Performance counseling is intended to help associates understand the impact of the noted conduct and/or performance deficiencies so that corrective action can be immediately taken. Please provide details below.** | | | | | | | | | |
| Employer: | | | | Associate: | | | Date (of incident): | | |
| Location: | | | | | Department: | | Leader: | | |
| Previous Counseling Action(s) in Last 12 Months: | | | | | | ☐ No ☐ Yes | | | |
| Current Counseling Action: | | ☐ Coaching ☐ Verbal ☐ Written ☐ Final ☐ Termination ☐ Other: | | | | | | | |
| Nature of Incident | ***Check all that apply.*** | | | | | | | | |
| **☐** Violation of dress/grooming code | | | **☐** Failing performance standards | | | | | **☐** Improper personal conduct | |
| **☐** Interfering with work of others | | | **☐** Leaving work without approval | | | | | **☐** Poor time/attendance record | |
| **☐** Violation of Company safety  rules or guidelines | | | **☐** Failure to maintain confidentiality of  Company matters | | | | | **☐** Willful refusal to follow  Leader’s directions | |
| **☐** Violation of Company/Department policy (specify): | | | | | | | | | |
| Incident Specifics | ***Identify the issue, behavior or adverse action that requires immediate improvement. Include dates, details, and witnesses statements as appropriate. List dates and nature of incident of previous relevant performance counseling actions taken.*** | | | | | | | | |
|  | | | | | | | | | |
| Performance Expectations | ***State expected performance/behavior standard and necessary corrective actions. Outline any additional training that may be provided to help associate meet objectives. May also note length of time allowed for improvement and the tools used to measure effectiveness going forward.*** | | | | | | | | |
| If this is a termination, is the employee eligible for rehire: **☐** Yes **☐** No | | | | | | | | | |
| ***I acknowledge that the above has been reviewed with me and I have been given the opportunity to attach my comments. I understand that failure to address these concerns could result in disciplinary action, up to and including separation from the Company. Further, I understand my employment is At-Will and that I or the Company may end the employment relationship at any time, with or without cause, or notice. T******his document is not intended to, and does not, constitute a guarantee of employment of any particular duration.*** | | | | | | | | | |
| **Associate Signature:** | | | | | | | | | **Date:** |
| **Leader Signature:** | | | | | | | | | **Date:** |
| **Witness Signature (If applicable):** | | | | | | | | | **Date:** |