



COUNSELLING FORM

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Date:	Time:
Employee Surname:	First Name:
Employee Number:	Position:
Name of Manager:	Department:
Manager's Position:	If applicable, Date of any Previous Discussion on this subject:
Discussion Summary	
Specific work performance standards discussed/ areas employee is not performing to standard:	
Work Performance Standard we expect re the above/i.e. What employee is Required to do:	
Employees response/ reason for non-compliance to the above:	

What improvement still required (if subject was previously addressed):

(If subject previously discussed), reasons given by employee for insufficient improvement:

Action to be taken to rectify identified shortcoming:

By Whom

By When

Explain the possible consequences of continued lack of improvement:

Follow-Up date (if required):

I confirm that the contents of the above mentioned discussion summary have been read and explained to me.

Manager's Signature

Employee's Signature

Date

PLEASE NOTE: Failure to comply with the standards of performance required of you may result in disciplinary action being taken against you which may result in your dismissal.