



COUNSELLING FORM

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|---|---|
| COUNSELLING FORM | |
| 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: | |
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| Work Performance Standard we expect re the above/i.e. What employee is Required to do: | |
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| Employees response/ reason for non-compliance to the above: | |
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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.