

RICE UNIVERSITY COUNSELING RECORD

Employee Name _____ Date Issued _____
Employee ID # _____ Job Title _____
Department _____ Work Location _____

Details of work behavior warranting counseling action

Coaching or corrective action taken

- | | |
|--|---|
| <input type="checkbox"/> Verbal or Written Coaching | <input type="checkbox"/> Reassignment of Job Duties |
| <input type="checkbox"/> Written Reprimand | <input type="checkbox"/> Termination of Employment |
| <input type="checkbox"/> Employee Assistance Referral | <input type="checkbox"/> Suspension Without Pay; _____ days |
| <input type="checkbox"/> Suspension With Pay; _____ days from _____ to _____ | |

Expected change in work behavior after counseling

Possible consequences of not meeting future work expectations

- | | |
|--|---|
| <input type="checkbox"/> Written Reprimand | <input type="checkbox"/> Reassignment of Job Duties |
| <input type="checkbox"/> Employee Assistance Referral | <input type="checkbox"/> Termination of Employment |
| <input type="checkbox"/> Suspension With Pay; _____ days | Suspension Without Pay; _____ days |

Supervisor

DD-MON-YR

Employee Comments

I understand that this notice will be placed in my personnel file. By signing, I do not necessarily agree with the facts as stated, but only that I have received a copy of the counseling notice.

Employee Signature

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If employee refuses to sign this counseling record, a witness must sign this document to verify refusal.

Witness

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Department Chair or Director

DD-MON-YR