



Texas Christian University Employee Counseling Form

Employee Name	
Department	Date
<input type="checkbox"/> This form documents verbal counseling.	<input type="checkbox"/> This form constitutes written counseling.

Reason for counseling.

Corrective and/or disciplinary action to be taken.

Consequences of failure to improve.

Employee's remarks.

Employee's Signature	Date
Supervisor's Signature	Date
Director's Signature	Date

Distribution of Copies.

One Copy to Human Resources One Copy to Department One Copy to Employee