

STAFF COUNSELING NOTICE

Last Name _____ First Name _____ Hospital ID# _____

Department _____ Position Title _____

Date of Hire ___ / ___ / ___ Today's Date ___ / ___ / ___ Date of Last Notice ___ / ___ / ___

The following people attended this counseling session:

Summarize the topic(s) discussed, what corrective action is to be taken by the staff member, and the consequences to the staff member if satisfactory results are not achieved. Attach additional sheets if necessary.

On ___ / ___ / ___ at ___ : ___ , a counseling session was held to discuss the following:

(Date) (Time)

I have received a copy of this counseling.

Supervisor's Signature

Date ___ / ___ / ___

Print Name _____

Staff Member's Signature

Date ___ / ___ / ___

Print Name _____

Upon completion, give a copy to the staff member being counseled and retain a copy in your department. Copies are NOT to be forwarded to the staff member's personnel file.

cc: Department and Staff Member