

# Oral Counseling Summary Form

Date: \_\_\_\_\_

Employee Name \_\_\_\_\_ Department \_\_\_\_\_

A meeting was held with the employee with the intent to provide oral counseling to the employee on the following issue(s):

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The following is a summary of the meeting and the expected outcome/goals or expected modifications to correct the problem(s).

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Formal Work Plan issued? \_\_\_No \_\_\_Yes (If yes, attach work plan)

This summary form shall be maintained in the supervisor's anecdotal record at the department level. While it is not formally placed in the employees official personnel file, but is considered as the first step in the progressive discipline process. This record shall be removed from the supervisor's anecdotal file in one (1) year, provided that there are no disciplinary actions within that time period.

Employee Comments: \_\_\_\_\_

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Employee Signature                      Date                      Supervisor Signature                      Date

\_\_\_\_\_  
Reviewed by Department Director                      Date