

City of Hammond
Written Record of Counseling

Employee Information

Employee: _____ Date/Time: _____

Job Title: _____ Department: _____

Details of Offense

Description of Infraction:

Future Performance Expectations:

Consequences of Further Infractions:

Acknowledgment of Receipt of Written Record of Counseling

By signing this form, you confirm that you understand and have discussed the problem behavior and future performance expectations with your supervisor. By signing this document, you acknowledge the receipt of the Written Record of Counseling. A copy of this document will be placed in the supervisor's file.

Employee Signature: _____

Supervisor Signature: _____

Department Head Signature: _____