



Informal Counseling / Coaching Sheet

Employee: _____

Date: _____ Date(s) of Incident: _____

Description of the Problem / Situation (attach documentation if necessary):

Specific Rules / Policies / Contract Articles (if relevant) at Issue:

Plan for Correcting the Behavior / Situation:

Manager Responsibility:

Employee Responsibility:

Date to Review Progress: _____

Consequences if failure to improve by above date: _____

Employee Signature: _____

Manager/Supervisor Signature: _____

AFSCME Rep. (if applicable): _____

C: Employee

Department File

Review Session for Coaching Dated: _____

Employee: _____

Date: _____

Goals Met (i.e., problem and/or situation resolved?) _____ Yes _____ No

If yes above, skip to signature section below.

If no above, fill in the following section that indicates further steps that need to occur:

Manager Responsibility: _____

Employee Responsibility: _____

Next Date to Review Progress: _____

Consequences if failure to improve by above date: _____

Signature Section:

Employee Signature: _____

Manager/Supervisor Signature: _____

AFSCME Rep. (if applicable): _____

C: Employee

Department File