

EMPLOYEE CONSULTATION

Employee:

Department:

Nature of Problem:

Verbal Consultation

Written Reprimand

Termination:

Other

Suspension (from to) – Without Pay or With Pay

Return to Work:

If Termination Discharge Date:

Description of Incident:

Disciplinary Action to be Taken:

Employee Statement/Comments:

Supervisor Signature: _____ Date: _____

Dept. Head: _____ Date: _____

Employee: _____ Date: _____