

Employee Counseling Notice
MANSFIELD INDEPENDENT SCHOOL DISTRICT - ATHLETICS

Name _____ Social Security # _____

Position _____ Campus or Dept. _____

Date/Time of Concern _____ Location of Concern _____

Area of Concern

Failure to Perform Duties Misconduct Safety Violation
 Substandard Work Tardiness Lack of Sportsmanship
 Insubordination Absenteeism Other
 UIL/Policy violation Lack of Initiative

Explanation of Concern:

Previous Warnings:

	Verbal	Written	Reason
Date:			
Date:			
Date:			

Plan of Action:

 Supervisor's Signature and Title

 Date

Employee Comments:

I have read this Notice and Plan of Action. I understand that failure to correct the above stated concern(s) or a continued pattern of misconduct will result in further disciplinary action, up to and including termination of employment with the District.

 Employee's Signature

 Date

 Witness for refusal to sign

 Date

 Principal

 Date