

# Record of Verbal Counseling

## M.S.A.D. No. 75

Name \_\_\_\_\_ Date \_\_\_\_\_

*The following verbal counseling has taken place.*

- Attendance/Tardiness
- Violation of Company Policy/Work Rule
- Insubordination
- Violation of safety rules
- Falsification of records
- Unauthorized use of equipment, materials, supplies
- Workplace Conduct
- Poor Performance

### Summary of Offense

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### Summary of corrective plan of action

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FOLLOW UP DATE(S) \_\_\_\_\_

***The above has been discussed with me by my supervisor. I understand the contents and acknowledge and understand the corrective action required. I also acknowledge and understand the potential consequences of non-compliance.***

**EMPLOYEE**  
**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADMINISTRATOR**  
**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*(This record is for documentation purposes only and does not become part of the employee's personnel file.)*