

EMPLOYEE COACHING FORM

Employee Name:	Title:
Department:	Supervisor Name/phone #:

Concern / Issue / Incident	<p>DOCUMENTATION OF CONCERN(S), ISSUE(S) OR INCIDENT(S) INVOLVING:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Conduct or Behavior (Interpersonal Skills) <input type="checkbox"/> Safety or Work Environment <input type="checkbox"/> Customer Service </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Department or University Rules <input type="checkbox"/> Attendance – Dependability <input type="checkbox"/> Other _____ </td> </tr> </table> <p>Describe performance concern or issue (be specific, and include dates and examples):</p> 	<input type="checkbox"/> Conduct or Behavior (Interpersonal Skills) <input type="checkbox"/> Safety or Work Environment <input type="checkbox"/> Customer Service	<input type="checkbox"/> Department or University Rules <input type="checkbox"/> Attendance – Dependability <input type="checkbox"/> Other _____
	<input type="checkbox"/> Conduct or Behavior (Interpersonal Skills) <input type="checkbox"/> Safety or Work Environment <input type="checkbox"/> Customer Service	<input type="checkbox"/> Department or University Rules <input type="checkbox"/> Attendance – Dependability <input type="checkbox"/> Other _____	
	<p>Describe agreed upon solution(s) or course of action:</p> 		
<p>Note follow-up review plan date(s), etc.</p>			

Employee's Signature:	Date:
Supervisor's Signature	Date:

NOTE: Employee's signature indicates that this information has been discussed with the employee. It also acknowledges receipt of a copy of the coaching record. The employee may respond using the reverse side of this form.

Distribution: (check all that apply): Employee Supervisor Dept