

# OKLAHOMA BAPTIST UNIVERSITY

## Employee Counseling Form

### Employee Information

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee ID: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Manager: \_\_\_\_\_ Department: \_\_\_\_\_

### Type of Notice

Verbal Warning     Written Warning     Suspension w/out pay     Discharge Recommendation

### Type of Offense

Tardiness/Leaving Early     Absenteeism     Violation of University Policies  
 Substandard Work     Violation of Safety Rules     Rudeness to Students/Coworkers  
 Falsification of records     Improper care/use of property     Insubordination  
 Other: \_\_\_\_\_

### Details

Description of Infraction:

Plan for Improvement:

Consequences of Further Infractions:

### Acknowledgement of Receipt of Warning

*By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your manager have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Manager Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness Signature (if employee understands warning but refuses to sign)*

\_\_\_\_\_  
*Date*