**INSTRUCTIONS FOR COMPLETION OF THE COUNSELING TEMPLATE**

* To enter **text**, you must click in the boxes that say *“Click here to enter text.”* To **edit** text, you must click your mouse directly in the text you wish to edit.



* For each section, please include the details described below:
	+ **Summary of Incident and Unacceptable Behavior/Performance:** Include a detailed summary of dates, timelines, and witness statements where applicable
	+ **Specific UAMS and/or Departmental Policies and/or Guideline(s) Violated:** Name the policy or guidelines violated including the specific section(s) of the policy
	+ **Adverse Impact(s) to Department/Organization:** Describe the adverse impact to UAMS or the Department
	+ **Expectations for Future Behavior/Performance:** Outline what is expected of the employee in the future
	+ **Consequences for Future Violations:** Outline consequences for subsequent violations

**\*\*** **If a section does not apply to your employee, insert N/A.**

* If you have additional questions on how to complete the form, please call Employee Relations at 526-6462 for assistance.



**COUNSELING SESSION**

**\*Please Note: Counseling Sessions are not a part of the formal discipline process.\***

|  |  |
| --- | --- |
| **Employee Name:** | Jane Doe |
| **SAP #:** | 0000000 |
| **Department Name:** | Employee Relations |
| **Supervisor:** | Eddie Example |

**Summary of Incident and/or Unacceptable Behavior/Performance:**

Click here to enter text.

**Specific UAMS and/or Departmental Policies/Guideline(s) Violated:**

Click here to enter text.

**Adverse Impact(s) to Department/Organization:**

Click here to enter text.

**Expectations for Future Behavior/Performance:**

Click here to enter text.

**Consequences for Future Violations:**

Click here to enter text.

**Employee Comments:**

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**