



EMPLOYEE COUNSELING FORM



Car Wash

Jiffy Lube

Corporate

Employee Name: _____ Location: _____

Date of Hire: _____ Date of Incident: _____ Time of Incident: _____ am or pm

NATURE OF INCIDENT

Step 1 Supervisor's Discussion **Step 2** Initial Written Warning **Step 3** Final Written Warning

Step 4 Suspension/Days: _____

Step 5 Request Termination

Date start of suspension: _____

(requires HR review & approval)

Date return from suspension: _____

- Unexcused Absence/Attendance
- Leaving without permission
- Poor performance
- Theft/Dishonesty
- Insubordination
- Improper conduct
- Threatening or engaging in violence
- Not taking required half hour lunch
- Disregarding dress code

- Tardiness
- Violation of safety rules
- Harassment
- Failure to follow instruction
- Under influence of drugs/alcohol
- Using vulgar language
- Violation of Company Policy/codes of conduct
- Falsifying company documents
- Other: _____

Manager's Comments: _____

Prior Counseling: Date _____ Nature of Incident _____ Action Taken _____

Date _____ Nature of Incident _____ Action Taken _____

Date _____ Nature of Incident _____ Action Taken _____

Timetable to Improve: Immediate 30 Days 60 Days Other _____

Employee's Comments: _____

Employee Signature: _____ Date: _____

(I have read this report and acknowledge receipt of this warning and understand its contents)

Manager's Signature: _____ Date: _____

District Manager Signature: _____ Date: _____

Human Resource Manager: _____ Date: _____