Form: Counseling Memorandum

Name of person conducting Counseling session:		Name of employee:	
Designation:		Personnel number:	
Date of counseling session:		Position:	
Main area of concern:		Department:	
Items under discussion: (Areas of none compliance / not meeting standards)	1. A 2. B 3. C 4. D 5. E		
Standards require in future: (Specify measurable standards and due dates)	1. A 2. B 3. C 4. D 5. E		
Employee declares as follows: Employer or designate	 I acknowledge and agree with the future requirements set by my Supervisor/Manager/Employer. I understand that this is not a warning but can result in a warning should I not comply with the future requirements as stipulated in this document. The contents and implications of this counseling memorandum were explained to me and I understand it completely. I was not forced nor influenced, in any way, to sign this counseling memorandum. Employee		
signature:		signature:	
Witness signature:		Representative signature:	