

EMPLOYEE COUNSELING FORM

Authority: 5 CFR Part 752 - Adverse Actions, 5 CFR Part 430 - Performance Management, 5 CFR 432 - Performance Based Reduction in Grade and Removal Actions. If collective bargaining unit employee refer to the respective collective bargaining agreement (LIUNA, ACT or NATCA).

Principal Purpose: To provide instruction and guidance for employee's career success.

Routine Uses: None.

Disclosure: Disclosure of this information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this action.

Initial Counseling

General Counseling

Annual Personnel Policy Brief

1. Name (Last, First, Middle)

2. Date of Counseling

3. Incident

Date

Time

4. Position Title

5. Pay Plan

6. Grade

7. Step

8. Total Salary

9. Position's Organization and Location

10. Counseling Expiration Date

11. This Counseling is being issued because of the following (Select all that apply):

For more detailed information on the nature of offenses below refer to the table of penalties in CNG FPR 752. If performance or non-disciplinary related action please specify in the "other" field below.

Attendance related offenses

Discourtesy

Discrimination

Failure to observe regulations

Stealing

Reprisal

Breach of security regs. or practices

Misuse/abuse of govt. property

Constitutional violation

Alcohol related offenses

Sleeping on duty

Political Activity

Drug related offenses

Loafing; dereliction of duty

Misappropriation

False statements

Gambling

Misuse of govt. charge card

Refusal to testify

Prohibited job actions

Conduct unbecoming

Insubordination

Indebtedness

Uniform Wear

Fighting; creating a disturbance

Sexual harassment

Misuse of govt. comm. system

If *other* please explain:

12. Describe the nature of the incident (if applicable): *(Supervisor states the reason for counseling, including facts and observations prior to the counseling).*

These actions could result in disciplinary action, up to and including termination.

13. Corrective Action (if applicable): *(Supervisor outlines actions that employee will do after the counseling session to reach the agreed upon goal(s). The actions must be specific enough to modify or maintain the employee's behavior and include a specified timeline for implementation and assessment).*

14. Individual Counseled Remarks: *(employee provides rebuttal if appropriate)*

Employee Name/Title	Signature	Date
Witness Name (if applicable)	Signature	Date
Supervisor Name/Title	Signature	Date

I certify that the information entered on this form is accurate and that the proposed action is in compliance with statutory and regulatory requirements.

It is recommended that counselings' and warnings be maintained for 6 to 12 months, unless there are recurring problems. This information may differ dependent of employee's union affiliation. Refer to the respective collective bargaining agreement for further information. Disciplinary actions can be grieved through the negotiated grievance procedure for bargaining unit employees and through the agency grievance procedure for non-bargaining unit employees. Performance actions can be grieved through the agency grievance procedure.