

# 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).*

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

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

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.*