



EMPLOYEE COUNSELING FORM

Complete this form for any positive commendations or written warnings.

For Emplicity Use Only
EE#

EMPLOYEE NAME _____ EMPLOYEE # _____ CLIENT _____

JOB TITLE/POSITION _____ TODAY'S DATE _____ SOCIAL SECURITY NUMBER _____

PLEASE ✓CHECK ANY OF THE FOLLOWING THAT APPLIES BELOW:

COMMENDATION (OR PRAISE)

WRITTEN WARNING

- Absenteeism/ Tardiness
- Violation of Company Policy
- Harassment
- Violation of Safety Rules
- Falsification of Records
- Unsatisfactory Work Performance

- Misallocation of funds
- Under the Influence of Illegal Substances
- Misconduct
- Damage/ Removal of Property
- Insubordination
- Other

DESCRIPTION OF CIRCUMSTANCES (Please be specific, including names, dates, and times): _____

CORRECTIVE ACTION (to be taken by employee) _____

Has this employee been previously warned? YES NO If yes, when: _____

Further violations or failure to demonstrate immediate and material changes in work behavior or a decline in work behavior may result in: _____

EMPLOYEE COMMENTS (Use back if necessary) _____

In the event of termination, failure to contact the leasing employer for reassignment or refusal of an assignment may result in the loss of unemployment insurance benefits under Section 1253(e) and 1257(e) of the California Unemployment Insurance Code. Emplicity must retain the ability to discipline employees where it determines that such action is warranted by the circumstances. Although all employment relationships are terminable at will, at any time, either at the employee's option or at the option of the company, the company may exercise its discretion to administer a system of progressive discipline in cases where it deems it appropriate to do so. That system may include various forms of discipline including verbal counseling, written counseling, and termination. However, as progressive discipline is not mandatory or binding Emplicity and the Client Company reserves the right to deviate from any formal system of discipline. Signing this form may not necessarily indicate guilt but that the employee has thoroughly reviewed this document.

EMPLOYEE'S SIGNATURE _____ PRINTED NAME _____ DATE _____

AUTHORIZED REPRESENTATIVE'S SIGNATURE _____ PRINTED NAME _____ DATE _____

PLEASE FAX IMMEDIATELY TO EMPLICITY CLIENT SERVICES @ (714) 230-4772