City of Miami

RECORD OF FORMAL COUNSELING

Employee Name:	Date of Counseling:
Social Security No.:	Department:

PERFORMANCE OR CONDUCT DISCUSSED

- ❑ Attendance
- ❑ Lateness/Early Quit
- ❑ Rudeness to Employees/Citizens
- ❑ Unsatisfactory Work Quality
- ❑ Carelessness
- ❑ Failure to Follow Instructions
- ❑ Damage to Material/Equipment
- ❑ Violation of City Policies/or Procedures
- ❑ Insubordination
- ❑ Violation of Safety Rules
- ❑ Working on Personal Matters
- ❑ Other

SUPERVISOR STATEMENT		EMPLOYEE COMMENTS
Date of Incident:	Time:	❑ Agree ❑ Disagree with Supervisor's statement.

FOLLOW-UP or CORRECTIVE ACTION TO BE TAKEN

❑ Development	❑ EAP Referral	❑ Follow-up or Action Planning

POSSIBLE CONSEQUENCES SHOULD INCIDENT OCCUR AGAIN

I have read this Record of Formal Counseling and understand it.

Signature of Employee _____ Date ___/___/___

Signature of Supervisor Who Issued Counseling Notice _____ Date ___/___/___