



PERFORMANCE COUNSELING GUIDE

General Information

Employee Name: _____

Department: _____ Work Location: _____

Date: _____

Pre-meeting Preparation (Then use as a guide during meeting and as documentation following meeting)
Brief description of performance:

Date(s) of previous counseling about this issue:

Is employee currently in active formal discipline? Yes No

Personal Conference Written Reprimand other _____

which was administered on _____ (date) for _____ (reason)

Expected performance:

Actual performance:

Organizational effects if performance continues:

Employee response:

Individual effects if performance continues (including consequences of failure to improve): Jeopardizes merit raises or promotions and may result in further disciplinary action up to and including termination.

Employee response:

Proposed employee/employer action plan:

Other factors to consider in evaluating this issue:

<input type="checkbox"/> length of service	<input type="checkbox"/> other
<input type="checkbox"/> overall work record	<input type="checkbox"/> skill level or training
<input type="checkbox"/> recent discussions about this or other issue	<input type="checkbox"/> barriers to performance
<input type="checkbox"/> need to discuss with others for consultation/approval	<input type="checkbox"/> significant changes to environment

Impact of these factors on my decision:

This conversation is intended to be counseling as a:

<input type="checkbox"/> Personal Conference	<input type="checkbox"/> Temporary Suspension w/out pay**
	<input type="checkbox"/> Demotion and/or salary reduction**
<input type="checkbox"/> Written Reprimand*	<input type="checkbox"/> Dismissal**

Key questions to ask during the counseling:

- Do you understand our expectations?
- Can you meet the performance requirements?
- Is there anything that might prevent you from meeting the performance requirements in the future?
- Will you meet the performance requirements?
- Others? (Continue on next page if needed)

- employee agreed to take ownership (can and will do the job)
- employee did not agree to take ownership
- employee did not recognize that there is a problem

Follow up meeting Notes

Date/time of counseling:

Location:

University management representative(s) present:

Significant issues raised during the counseling:**Revised employee/employer action plan:****This conversation was a:**

<input type="checkbox"/> Personal Conference	<input type="checkbox"/> Temporary Suspension w/out pay**
<input type="checkbox"/> Written Reprimand*	<input type="checkbox"/> Demotion and/or salary reduction**
	<input type="checkbox"/> Dismissal**
	<input type="checkbox"/> Other _____

Additional comments:**Follow-up plans:**

You are encouraged to contact the Texas A&M University System Employee Assistance Program at 1-866-301-9623 if you feel a personal problem is contributing to this performance issue.

Completed by: _____ Date: _____
Signature of Supervisor

(Supervisor) Please Print

*Approved by: _____ Date: _____
Signature of Department Head

(Department Head) Please Print
=====

I have received a copy of this document: _____
(Employee signature/date)

(Or)

_____ has refused to acknowledge receiving a copy of this document. I certify
that I observed a copy of this document delivered to this individual.

Witness _____ Date _____

* Indicates disciplinary action that must be approved by Department Head.

** Indicates disciplinary action that must be coordinated with Human Resources and approved by Department Head.

***This form is a guide to help supervisors prepare for performance counseling, conduct performance counseling, and document formal levels of corrective action. By itself it will usually be sufficient documentation for a Personal Conference. For Written Reprimands and higher levels of discipline, this guide may be used as source material to prepare an appropriate memorandum to the employee.