



## 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:**

- ☐ length of service
- ☐ overall work record
- ☐ recent discussions about this or other issue
- ☐ need to discuss with others for consultation/approval

- ☐ other
- ☐ skill level or training
- ☐ barriers to performance
- ☐ significant changes to environment

**Impact of these factors on my decision:**

**This conversation is intended to be counseling as a:**

- ☐ Personal Conference
- ☐ Temporary Suspension w/out pay\*\*
- ☐ Written Reprimand\*
- ☐ Demotion and/or salary reduction\*\*
- ☐ 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:**

☐ Personal Conference

☐ Written Reprimand\*

☐ Temporary Suspension w/out pay\*\*

☐ Demotion and/or salary reduction\*\*

☐ Dismissal\*\*

☐ 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: \_\_\_\_\_  
Signature of Supervisor

Date: \_\_\_\_\_

\_\_\_\_\_  
(Supervisor) Please Print

\*Approved by: \_\_\_\_\_  
Signature of Department Head

Date: \_\_\_\_\_

\_\_\_\_\_  
(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.