

Performance Counseling Guide

**General Information**

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_

## Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wk. Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Pre-meeting Preparation** (Then use as a guide during meeting and as documentation following meeting)

Brief description of performance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Date(s) of previous counseling about this issue**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Is employee currently in active formal discipline?** \_\_\_\_\_ Yes \_\_\_\_\_No

 \_\_\_\_\_Personal Conference \_\_\_\_\_Written Reprimand \_\_\_other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 which was administered on \_\_\_\_\_\_\_\_\_(date) for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (reason)

**Expected performance**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Actual performance**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Organizational effects if performance continues**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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.*

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Employee response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Proposed employee/employer action plan**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Other factors to consider in evaluating this issue**: \_\_\_\_other

 \_\_\_\_length of service \_\_\_\_skill level or training

 \_\_\_\_overall work record \_\_\_\_barriers to performance

 \_\_\_\_recent discussions about this or other issue \_\_\_\_significant changes to

 \_\_\_\_need to discuss with others for consultation/approval environment

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

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

 \_\_\_\_\_Personal Conference \_\_\_\_\_Temporary Suspension w/out pay\*\*

 \_\_\_\_\_Demotion and/or salary reduction\*\*

 \_\_\_\_\_Written Reprimand\* \_\_\_\_\_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)

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\_\_\_\_\_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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Significant issues raised during the counseling**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Revised employee/employer action plan**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**This conversation was a:**

 \_\_\_\_\_Personal Conference \_\_\_\_\_Temporary Suspension w/out pay\*\*

 \_\_\_\_\_Demotion and/or salary reduction\*\*

 \_\_\_\_\_Written Reprimand\* \_\_\_\_\_Dismissal\*\*

 \_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Additional comments**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Follow-up plans:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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

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 (Department Head) Please Print

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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.

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Witness name 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.