# HAND DELIVERED

TO: Employee Name, Title

FROM: Supervisor Name, Title [Supervisor to initial name on original copy]

DATE: April 3, 2017

RE: Notice of Counseling

The purpose of this Notice of Counseling is to address re-occurring deficiencies in your performance regarding following instructions and the use of time. You and I have previously following instructions and the efficient use of time. However, based on the incident that occurred on Date, I believe a Notice of Counseling is warranted.

[Describe incident]

[Describe expectation]

I hope you understand the seriousness of your actions and take steps to improve your adherence to instructions and the efficient use of your time.

[If applicable]

If you are experiencing personal problems which may be impacting your ability to effectively perform the duties of you position and conduct yourself appropriately, I encourage you to contact the Employee Assistance Program toll free at 877-313-4455.

cc: HRS Employment Services

 HRS Personnel file [optional]