# HAND DELIVERED

TO: Employee Name, Title

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

DATE: July 28, 2015

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 at Washington Building, Room 301 or by telephone at 509-335-5759 or toll free at 877-313-4455 [for employees at WSU locations other than Pullman]

cc: HRS Employment Services

 HRS Personnel file [optional]