Hand Delivered

TO: Employee Name, Title

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

DATE: DATE

RE: Notice of Counseling- Reason

In accordance with Article XX of the 20XX-20XX WSU/Public School Employees of Washington or WSU/Washington Federation of State Employees or WSU/WSU Police Guild collective bargaining agreement, this Notice of Counseling is to address re-occurring deficiencies in your performance regarding concern description. You and I have discussed previously concern description. However, based on the incident that occurred on DATE, I believe a Notice of Counseling is warranted.

[Describe incident]

[Describe potential/impact, why incident a concern]

[Describe expectation]

[If applicable]

If you are experiencing personal problems which may be impacting your ability to effectively perform the duties of your position and conduct yourself appropriately, I encourage you to contact the Employee Assistance Program toll free at 1-877-313-4455.

cc: Appropriate Department cc:’s

HRS Employment Services

HRS Personnel File [optional]