

**Counseling Memorandum**

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

Date of Memorandum: \_\_\_\_\_

Subject/Description of Performance Issues:

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Expected Results/Improvement:

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Date of Follow -up (if applicable): \_\_\_\_\_

Employee Comments (if applicable):

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Signed:

Reviewer/Supervisor: \_\_\_\_\_

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