

**COMPANY NAME**

**COUNSELING SESSION MEMORANDUM**

EMPLOYEE NAME \_\_\_\_\_ CURRENT DATE \_\_\_\_\_  
IMMEDIATE SUPERVISOR \_\_\_\_\_  
DATE OF COUNSELING SESSION \_\_\_\_\_ TIME \_\_\_\_\_

REASON FOR COUNSELING SESSION \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
NEW IMPROVEMENT PLAN \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
IMPROVEMENT EXPECTED \_\_\_\_\_  
\_\_\_\_\_  
DATE IMPROVEMENT EXPECTED \_\_\_\_\_  
SUPERVISOR WILL ASSIST EMPLOYEE IN MEETING EXPECTATIONS IN THE FOLLOWING MANNER:  
\_\_\_\_\_  
\_\_\_\_\_  
FURTHER ACTION TO BE TAKEN AT END OF IMPROVEMENT PERIOD IF PERFORMANCE DOES NOT IMPROVE:  
(To be completed by supervisor.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
EMPLOYEE'S SIGNATURE \_\_\_\_\_ SUPERVISOR'S SIGNATURE \_\_\_\_\_  
ORIGINAL: Personnel File  
COPIES: Employee & Signator AUTHORIZED SIGNATURE \_\_\_\_\_