

RESET

State of CT - Military Department

Employee Counseling Form – Confidential

Employee Name: _____ **Employee Number:** _____

Counseling Supervisor: _____ **Facility/Dept:** _____

Counseling Date: _____ **Time:** _____

Reason(s) for Counseling:

- Attendance: Tardiness, Absenteeism, Unauthorized Leave
- Cooperativeness: Insubordination, Conduct
- Failure to Follow Procedures, Directives, Directions
- Job Performance
- Knowledge of Work
- Quality of Work: Accuracy, Carelessness, Neatness
- Quantity of Work: Volume
- Safety
- Willful Damage to Government Property
- Other: _____

Description/Details of Misconduct(s):

Further misconduct or infraction(s) will result in further disciplinary action. By signing this, I acknowledge that I have received, read, and understand this counseling notice. I also understand that this counseling will be taken into consideration on my annual service rating.

Employee Signature: _____ **Date Signed:** _____

Print Name: _____

Supervisor Signature: _____ **Date Signed:** _____

Print Name: _____

If you are experiencing any personal problems which may be affecting your work performance, you may wish to contact the Employee Assistance Program (EAP). EAP is a confidential counseling and referral service that you can reach by calling 860-679-2877 or 1-800-852-4392.