

COUNSELING STATEMENT

Instructions for completing this statement: As soon as possible after the incident, complete this form. If other than an oral counseling or termination, have the team member sign the form and distribute copies to the team member and the team member's store personnel file. Forward this original to human resources.

Team Members Name: _____ **Position:** _____

DETAILS OF THE VIOLATION:

AVAILABLE UPON PURCHASE

LEVEL OF THIS COUNSELING:

___ AVAILABLE UPON PURCHASE

___ AVAILABLE UPON PURCHASE

___ AVAILABLE UPON PURCHASE

___ **Termination (Counseling Statement Not Given to Employee)**

Immediate satisfactory improvement must be shown and maintained or further counseling action will be taken, depending upon the type and severity of the next violation.

Date: _____ **Manager:** _____

