**CORRECTIVE ACTION COUNSELING RECORD**

**Staff Name: Date: Dept:**

[ ]  Counseling Record [ ]  Written Reprimand [ ]  Letter of Final Warning

[ ]  Termination of Employment

**Detailed explanation of reason(s) for discussion. Be specific. Include what action was inappropriate and why it cannot continue.**

**Instruction given to employee to correct action.**

**Immediate and continued improvement in the above area(s) must occur. Failure to improve, or other violations of policy/performance standards may result in further corrective action, up to, and including termination.**

Our Employee Assistance Program (EAP) provider can be confidentially reached to assist you at (970) 242-9026 and is located at 1300 N. 7th Street, Ste 4, Bunting Medical Plaza, Grand Junction, CO 81501.

Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE STATEMENT OF EVENT(S)

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*Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_ Supervisor Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_*