



**ELITE**  
PAYROLL SOLUTIONS

## COUNSELING REPORT

Employee Name: \_\_\_\_\_  
(Last) (First) (MI)

Social Security #- \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Counseling Session: \_\_\_\_/\_\_\_\_/\_\_\_\_

Client Company: \_\_\_\_\_ Department: \_\_\_\_\_

Job Title: \_\_\_\_\_

**REASON FOR THIS COUNSELING:**

**Supervisor's Comments:**

**Employee's Comments, if any:**

**Actions for Improvement:**

Scheduled Date of Follow-up Counseling: \_\_\_\_/\_\_\_\_/\_\_\_\_

Supervisor's Signature: X \_\_\_\_\_ Employee's Signature: X \_\_\_\_\_

Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOLLOW-UP COUNSELING DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Comments should relate to changes that have taken place with the employee since date of counseling. Positive as well as negative reactions should be documented. Employee comments can be made on the back of this form.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

X \_\_\_\_\_  
Supervisor's Signature

X \_\_\_\_\_  
Employee's Signature