

**CITY OF MARQUETTE
DOCUMENTATION OF EMPLOYEE COUNSELING**

NAME _____ **DEPARTMENT** _____

BEHAVIOR, PROBLEM AND/OR SITUATION REQUIRING ATTENTION:

GOAL: _____

REEVALUATE ON: _____

This counseling does not represent disciplinary action but notes areas that need attention within the guidelines and time frames established or corrective action will become necessary.

Supervisor's Signature Date

EMPLOYEE COMMENTS* _____

Employee's Signature Date

*You may opt to use this format for your comments or submit a separate page of your comments within ten days from the date of this counseling.

Original: Human Resources

Copies To: Employee and Department Head