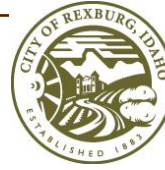


Coaching/Counseling Form



CITY OF
REXBURG
America's Family Community

Name: _____

Dept: _____

Date: _____

Date of occurrence: _____

Time: _____

Location: _____

ACTION TAKEN:

- | | | |
|--|---|--|
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Verbal warning | <input type="checkbox"/> Written warning |
| <input type="checkbox"/> Suspension _____ day(s) | <input type="checkbox"/> Termination | <input type="checkbox"/> Other: _____ |

(Depending on the nature of the offense, City of Rexburg reserves the right to skip any steps at its discretion.)

DESCRIPTION OF ISSUE:

- | | | |
|--|---|---|
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Conduct | <input type="checkbox"/> Safety violation |
| <input type="checkbox"/> Policy and/or procedure violation | <input type="checkbox"/> Unsatisfactory job performance | <input type="checkbox"/> Other: _____ |

EXPLANATION:

GOALS/CORRECTIVE BEHAVIOR:

Should your record continue to be unacceptable in the above area(s), the City of Rexburg will find it necessary to take the following disciplinary action (or more depending on the situation):

- | | |
|--|--|
| <input type="checkbox"/> Written warning | <input type="checkbox"/> Suspension _____ day(s) |
| <input type="checkbox"/> Termination | <input type="checkbox"/> Other: _____ |

EMPLOYEE COMMENTS:

You are formally being warned to bring to your attention the severity of this situation. Failure to correct this behavior and/or further violation of policy will result in additional disciplinary action up to and including discharge. By signing below you acknowledge that you have received this notice.

Employee: _____ Date: _____

Supervisor: _____ Date: _____

HR Manager: _____ Date: _____