



TRICORE

Employee Counseling Form

Employee Name: _____ Date: _____

Position: _____ Company: _____

Location: _____ Issued by: _____

Date of Incident: _____ Approximate Time: _____ AM/PM

Briefly state problem: _____

Corrective Action: _____

Consequence should incident occur again: _____

Time Frame: _____

Employee Remarks: _____

Employee Signature

Date

√ if Employee Refused
to Sign.

Manager Signature

Date

HR Representative Signature

Date