



HOUSING AUTHORITY CITY OF MILWAUKEE

EMPLOYEE COUNSELING RECORD

Employee's Name: _____ Site/Dept: _____

Job Title: _____ Date of Counseling: _____

CONSTRUCTIVE DISCIPLINE STEP

Verbal 1st Written 2nd Written Final Written Suspension Termination

SUBJECT OF COUNSELING

Describe the behaviors that occurred, include dates, number of occurrences, examples, and why it is important to change the behavior.

CHANGE REQUIRED

Describe the change in behavior required of the employee. Specify how much change is expected and by when it must occur.

ACTION BY EMPLOYER

Describe the action to be taken by HACM. Indicate follow up dates and the next step in constructive discipline, if there is not enough change by the employee.

EMPLOYEE'S REMARKS

I have read this counseling record and understand it.

Employee's Signature and Date

Manager's Signature and Date

HR Signature and Date

HACM reserves the right to bypass the disciplinary steps and base its disciplinary action on the severity, frequency or combination of infractions when circumstances warrant immediate action.