

# HURST STORES

## STATEMENT OF COUNSELING FORM

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

Store name: \_\_\_\_\_

Position: \_\_\_\_\_

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

### Type of Counseling (please check)

Verbal \_\_\_\_\_ Formal \_\_\_\_\_ Final \_\_\_\_\_ Termination \_\_\_\_\_

### Specific reason for counseling:

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### Specific action plan to be administered:

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***Any further violation of this kind will result in further counseling up to and including termination.***

Follow up date (where applicable): \_\_\_\_\_

***I have read and understand the above counseling review.***

Employee: \_\_\_\_\_

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

- Give one copy to the employee and file another in their personnel file.

**Signature and title of person(s) conducting review.**

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