

**HOUSING AUTHORITY  
EMPLOYEE CORRECTIVE COUNSELING FORM**

This form is used as a guide for the supervisor when documenting issues that need attention. When completed, it serves as a written record of corrective counseling conducted with an employee pertaining to violation of one or more housing authority rules.

EMPLOYEE NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
JOB TITLE \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

**WHICH FORM OF COUNSELING APPLIES**

Verbal Counseling  
 Written Counseling  
 Recommend Termination  
 Approval for Termination

Supervisor Signature \_\_\_\_\_  
Executive Director Signature \_\_\_\_\_

**PREVIOUS COUNSELING SUMMARY**

Same Policies?  No  Yes Description and Date(s): \_\_\_\_\_  
\_\_\_\_\_

Other Policies?  No  Yes Description and Dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Suspension for  Working Days Beginning \_\_\_\_\_ and ending \_\_\_\_\_  
with an Effective Date of: \_\_\_\_\_. Suspension will be  Without Pay  With Pay.

Follow-Up Date:  30 Days  60 Days  \_\_\_\_ Days  
This date will occur on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SUMMARY OF INCIDENT TO BE COUNSELED**

Date and Time of Incident: \_\_\_\_\_

Issues and/or Policies Discussed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Facts and Events Leading to the Discussion: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

**Why a Concern:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Action Steps for Improvement:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONSEQUENCES OF FAILURE TO IMPROVE**

\_\_\_\_ Further Disciplinary Action \_\_\_\_ Dismissal Will Be Recommended \_\_\_\_\_

**Supervisor's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Executive Director's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**To the employee:** This written record of corrective counseling is being issued based on your violation of one or more of the Housing Authority's policies, rules or for poor performance or attitude. This report will remain in your employee personnel file. You are being provided a copy of this Corrective Counseling Form. You have the right to appeal this action to the Executive Director. If it is a Supervisor being counseled by the Executive Director, the Supervisor may appeal in writing for a Grievance to the Board of Commissioners.

***The employee's signature indicates he or she has seen this report and that the contents have been reviewed with him or her. The signature does not necessarily indicate agreement.***

**Employee's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_