ALCORN STATE UNIVERSITY RECORD OF COUNSELING & CORRECTIVE ACTION

PRIVACY ACT STATEMENT

The information and data will be used to document counseling and corrective actions not prescribed in other directives. When completed, the form serves as a source to document administrative disciplinary actions or separations. Data is also releasable to higher officials when used to support administrative separation or disciplinary actions.

Completion of the form by a Supervisor is mandatory so that disciplinary actions- both verbal and written- are properly documented.

Date	_ SSN
Name (Last, First, Middle) Department	_ Position
REASON FOR COUNSELING OR DISC	CIPLINARY ACTION
Performance Personal Behavior On-The-Job-Training Progress	Responsibilities Probationary Period Performance Other (Specify)
List of Reasons, Which Caused the Counselidetails, facts, specific dates, names, and sequences.	ing Requirement or Disciplinary Action (Give uence of events, etc.):

RECORDED SOLUTIONS AND ACTIONS

Solutions developed and discussed by supervisor and employee to overcome the problem(s) and prevent further involvement. (Outline all solutions and indicate which one(s) elected by employee):
Employee's Comments:
Employee's Signature:
Supervisor's Signature:
Supervisor's Remarks /Follow-up Action: