

FORM 2.15.4b COUNSELLING DISCUSSION PLAN

Staff Name: _____ Date: _____

1. Describe the behaviour that caused the need for this disciplinary action.

2. Describe the outcome or result of this behaviour. (How is productivity affected; work impacted; employees affected or inconvenienced; cost impacted because of the behaviour, etc.)

3. Describe the desired behaviour.

4. Employee Statement (Describe any assistance needed to improve.)

5. We agree to review the plan and assess progress on this date: _____

Staff Signature: _____ Date: _____

Management Signature: _____ Date: _____

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