



# CITY OF CORAL GABLES

## EMPLOYEE COUNSELING FORM

Employee Name:	Date of Counseling:
Employee V :	Department:

### PERFORMANCE OR CONDUCT DISCUSSED

Excessive absences/ Tardiness/ Abuse of leave <i>(Rules 10.4.9 &amp; 25)</i>	Careless / Negligent use of City property <i>(Rule 10.4.11)</i>	Insubordination or disrespect toward supervisor <i>(Rule 10.4.5)</i>
Offensive/Profane/Abusive conduct or language toward supervisors/ employees/or the public <i>(Rule 10.4.4)</i>	Falsification of official documents <i>(Rule 10.4.13)</i>	Violation of safety rules/ safe practices or involved in an excessive number of chargeable accidents <i>(Rule 10.4.20)</i>
Incompetence/Negligence/or Inefficiency in performance of duty <i>(Rule 10.4.1)</i>	Fighting/Threatening to fight with a member of the public or an employee <i>(Rule 10.4.18)</i>	Unauthorized use of City equipment, tools, or supplies for own business <i>(Rule 10.4.25)</i>
Unauthorized release of confidential information <i>(Rule 10.4.17)</i>	Violation of City Rules or Department Rules <i>(Rule 10.4.22)</i>	Other (cite specific Rule, SOP, etc.):

### SUPERVISOR DESCRIPTION OF EVENT OR VIOLATION

Date of Incident:	Time:
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### FOLLOW- UP or CORRECTIVE ACTION TO BE TAKEN

### POSSIBLE CONSEQUENCES SHOULD INCIDENT OCCUR AGAIN

\_\_\_\_\_  
Signature of Supervisor Who Issued Counseling Notice

\_\_\_\_\_  
Date

I have read this Employee Counseling Form and acknowledge receipt.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date