

EMPLOYEE COUNSELING REPORT

Today's Date _____

Employee's Name _____ Position: _____

Earnhardt Location (Store & Dept) _____

Why you are receiving this report:

How you can correct this problem:

Action that will be taken if you do not correct this problem:

Issued by: _____ Follow-up Date: _____

Employee's Signature and comment: _____
Please print & sign
