



# Tharco Inc.

Date: \_\_\_\_\_

**REGARDING:** Employee: \_\_\_\_\_ **FROM:** Supervisor: \_\_\_\_\_

**Check one:**  **Verbal Warning**  **Written Warning**  **Suspension**  **Discharge**

1. I have made the following observation of the above named employee:  
\_\_\_\_\_  
\_\_\_\_\_

2. The Company's Policy or Work Rule that has been violated is:  
\_\_\_\_\_  
\_\_\_\_\_

3. Has this employee previously received disciplinary action for this policy or rule infraction?  **YES**  **NO** (check one). (If yes, enter the date(s) and discipline administered.)  
\_\_\_\_\_  
\_\_\_\_\_

4. I have informed the employee that the matters set forth above are important because:  
\_\_\_\_\_  
\_\_\_\_\_

5. I have informed the employee of the following consequences if he/she fails to observe/adhere to the standards set forth in item 4 above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**These matters will be reviewed on an on-going basis.**

Following to be completed in all cases:

6. Employee's comments/remarks:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p>_____ <i>Employee's Signature**</i></p> <p>_____ Date</p>	<p>_____ <i>Supervisor's Signature</i></p> <p>_____ Date</p>
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\*\* *Signing this form does not indicate agreement; it only signifies that you have been informed of the action and you have received a copy of this counseling statement.*

Action Reviewed: Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Copies:  Employee  Supervisor  Manager  Personnel (Original)