



# COUNTY OF SCHOHARIE, NEW YORK

## COUNSELING MEMORANDUM

<b>TO:</b>	<b>DEPARTMENT:</b>
<b>FROM:</b>	<b>DATE:</b>

<b>COUNSELING BACKGROUND (TO BE PRESENTED DURING OR AFTER VERBAL COUNSELING)</b>		
<b>Topic of Counseling:</b>		
<b>Counseling Date:</b>	<b>Start Time:</b>	<b>End Time:</b>
<b>Counseling Attendees:</b>		
<b>During this counseling session, the following issues or concerns were discussed:</b>		

<b>EXPECTATIONS AND FOLLOW-UP</b>
<b>You have been informed and/or placed on notice that:</b>
<b>Conclusion and Expectations:</b>
<b>Policies you are to review and directives:</b>

**Follow-up Date (if applicable):**

**EMPLOYEE’S RESPONSE / COMMENTS  
(TO BE RETURNED WITHIN 7 DAYS)**

[Empty box for employee response]

Notice: Counseling is NOT intended to be disciplinary in nature. Instead, counseling is meant to be corrective to place an employee on notice of perceived deficiencies in performance, while providing an opportunity to improve on those deficiencies and provide future expectations to the employee. The process is collaborative and ongoing. As such, additional conversations may occur over the topic(s) discussed herein and you are invited to provide feedback and seek further clarification on any item discussed within this counseling.

Although counseling is meant to be corrective in nature, ongoing issues may lead to disciplinary action should performance deficiencies continue. As such, you are encouraged to review the topics discussed herein, seek clarification when needed, and understand the follow-up expectations going forward.

You are invited to provide a response on this form (or briefly on a separate form), however you are not required to do so. Signing for this document does not signify agreement with the substance of the document, merely that you have received it, you have been provided an opportunity to ask questions related to it, and that you understand your obligations going forward.

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Department Head Signature

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

*Note: The employee’s signature does not constitute agreement of the substance of the counseling, merely receipt and an acknowledgment of expectations.*

Original copy to: Personnel File  
Copy to: Employee

\_\_\_\_\_  
Personnel Officer Signature

\_\_\_\_\_  
Date