

Employee Name:		Employee Job Title:	
Store/Department:		Manager Name:	
Incident Date:		Incident Time: _____ AM _____ PM	
Type of Action: <input type="checkbox"/> Verbal Warning <input type="checkbox"/> Written Warning <input type="checkbox"/> Final Written Warning <input type="checkbox"/> Separation			
Performance Issue: Y <input type="checkbox"/> / N <input type="checkbox"/>		Work Rule Violation: Y <input type="checkbox"/> / N <input type="checkbox"/>	
If YES, check topic below:			
<input type="checkbox"/> Absenteeism <input type="checkbox"/> Tardiness <input type="checkbox"/> Shift Walk Out <input type="checkbox"/> Damaging/Losing property/equipment <input type="checkbox"/> Misappropriation of Company Property or Finances <input type="checkbox"/> Dishonest Conduct		<input type="checkbox"/> Falsifying company documents <input type="checkbox"/> Fighting or creating conflict <input type="checkbox"/> Using Profanity <input type="checkbox"/> Horseplay <input type="checkbox"/> Indecent behavior	
<input type="checkbox"/> Bringing weapon onsite <input type="checkbox"/> Bringing illegal drugs/alcohol onsite <input type="checkbox"/> Sleeping on the job <input type="checkbox"/> Disregarding dress code/Image/Grooming Standards <input type="checkbox"/> Other			
*Prior Discussions: <i>(specify dates and types of action; coaching conversations, corrective actions, review feedback, previous counseling's)</i>			
Incident Description: <i>(BE SPECIFIC! Describe actions, behavior, or incident; date(s); time(s); place(s); observations; impact(s), employee's responses after the incident, other significant conversations, and relevant facts resulting in violation of rules, policies, standards, practices, or that show unsatisfactory performance warranting counseling.)</i>			
Action Plan: <i>(include goals/tasks and follow-up dates)</i>			
Employee Statement: <i>(Attach extra sheets if needed)</i>			
			
Follow-up Date:		Performance has (circle one): Improved Not Improved	
Description of how performance has improved: Action taken if performance has NOT improved:			
EMPLOYEES WHO DO NOT COMPLY WITH HOOTERS POLICIES AND STANDARDS MAY FACE FURTHER DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.			
<i>*This listing may not necessarily include any formal counseling by any level of management. The absence of such listing of informal counseling shall not be deemed to be a waiver of such counseling by Employer.</i>			
Employee Acknowledgement: My signature acknowledges that the Company reserves the right to deviate or depart from, make exceptions to, interpret, and apply any of its policies and policy provisions as it sees fit based on particular facts, changing conditions, or as it otherwise determines, for any reason in its sole judgment and that I have received this counseling report and that it has been discussed with me.			
Employee Signature:		Print Name:	Date:
Manager Signature:		Print Name:	Date:
Witness Signature:		Print Name:	Date:
_____ Employee Refused to Sign _____ Employee did not return to work for disciplinary action. <i>If employee refuses to sign, he/she is not entitled to a copy of this form.</i>			

Send Original Signed Copy to HR Records Upload signed copy to employees Record Print Copy for Employee