Date: _____ Store #: _____

To: _____ Position: _____

☐ Counseling ☐ Written Warning ☐ Suspension

Dear _____,

Reason for Discussion:

Description:

- **Date:**
- **Impact:**

Previous Discussions:

Next steps:

Employee Accountability:

Acknowledgment:

Employee Acknowledgment:
Signature: _____
Name: [Employee's Name]
Date: [Date]

Manager/Supervisor:
Signature: _____
Name: [Manager's Name]
Date: [Date]