

UNT | HEALTH SCIENCE CENTE UNT | DALLAS UNT | DALLAS CELEBUR OF LAY

## **Record of Counseling/Verbal Warning**

Employee Name:	:	Empl ID:	Date:	
Department:		Place of incident:		
Indicate if:	Coaching/Counseling Session	Verbal Reprimand		
The following counseling or verbal reprimand has taken place due to deficiencies in the following area(s) under <a href="UNT System Policy 3.403">UNT System Policy 3.403</a> Staff Employee Discipline, <a href="UNT Policy 1.7.1">UNT Policy 1.7.1</a> Staff Employee Discipline and Voluntary Termination and <a href="UNTHSC Policy 5.901">UNT Dallas</a> Policy 5.021 Staff Employee Discipline. (Check and give details under explanation)				
Prompt a	and timely attendance.			
Honest in all work related communications, disclosures, submissions, and financial				
responsibilities.				
Responsive to all lawful work-related requests from a system or institution official and to the				
needs of	the work unit.			
Respectful, cooperative and professional to all.				
Competent in fulfilling the responsibilities of the position.				
Compliant will all federal and state laws, and applicable Regents Rules, UNT System regulations				
and polic	ies.			
Other:				
Summary of incident and/or reason for warning:				
Summary of corrective action needed:				

is not corrected, or another offense occurs, you will be sincluding termination.	subject to further disciplinary action, up to and			
Employee Signature:	Date:			
(Your signature is intended only to acknowledge receipt of the notice; it does not imply agreement or disagreement with the notice itself. If you refuse to sign, someone in a supervisory position will be asked to initial the form indicating that you received a copy of the form.)				
Supervisor Signature:	Date			
Printed Name of Supervisor:				

It is expected that the condition noted above will be corrected immediately. In the event this condition

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