



CANTON POLICE AUXILIARY



Counseling Form

Counseling Date: _____

Officer Name: _____ Job Title: _____

This Counseling is being issued because of the following (Select all that apply):

___ Attendance ___ Behavior/Teamwork ___ Inappropriate Conduct
___ Inappropriate Dress ___ Safety Violation ___ Sleeping on the Job
___ Substandard Work ___ Violence ___ Other _____

Incident Date: _____ Time of Incident: _____

Describe the nature of the incident (if applicable):

Corrective Action:

Officer Comments:

This form is intended to help direct the employee onto a successful path in the work place. It is important to make immediate and sustained improvement and the failure to do so could result in further disciplinary action, up to and including termination of employment.

Officer Signature

Print Name

Date

Supervisor Signature

Print Name

Date