

Fern Flower - Nature School Location: 3827 Charlton Dr, Qualicum Beach, BC V9K1Z3 Phone Number: 250-299-2054

E-mail: fernflowernatureschool@gmail.com

Employee Counseling Statement

Em	iployee Name:		Date:			
D						
Reaso	on for Conference:					
	□ Sub-Standard Job Performance					
What	: Policy(ies), Procedure(s), and Sta	andard(s) were not	followed?			
Details of the Incident/Allegation: What Specifically Occurred:						
Wher	n (Date and Time) Date/_	/	Time			
Where (Location, Classroom, Area of Classroom):						
How	(What Lead to the Incident):					



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Who Reported Incident:					
Were there witnesses:					
Invest	tigation of Incident:				
Did the Employee admit to violating poli	icy/procedure/standard?				
□ Yes	□ No				
Were witnesses interviewed?					
□ Yes	□ No				
Summary of Investigation:					

Previous Counseling of Employee on Performance:

l Verbal	Date/	Concern Addressed:
	, ,	
□ Written	Date/	Concern Addressed:
□ Written	Date/	Concern Addressed:
□ Written	Date/	Concern Addressed:
☐ Performance Appraisal	Date//	Concern Addressed:
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Counselling Statement Results:

- ☐ Unfounded (Employee may return to work)
- ☐ Written Warning: (Employee may return to work knowing future warnings could result in termination.)
- ☐ Termination

Outcomes:

Future Expectations of Employees to Avoid a similar incident:				
Consequences if expectations are not repeated:	met, performance isn't improved, or other violations are			
Employee Comments:				
Employees Signature:				
Director's Signature:				
Witness Signature:				
Date:				