

**FAIRLEIGH DICKINSON UNIVERSITY
EMPLOYEE GUIDANCE RECORD**

LAST NAME, FIRST NAME	SOCIAL SECURITY #	LOCATION	DEPARTMENT

TYPE OF NOTICE: VERBAL WRITTEN (__#)

NATURE OF VIOLATION: Substandard Work Carelessness Policy Violation Insubordination
 Tardiness Absenteeism Misconduct OTHER _____

Explain facts in detail, and provide date(s):

Provide date(s) and explanation of prior counseling sessions, if applicable.

Date: Explanation:

PLAN OF ACTION

Explain plan of action in detail:

Failure to correct this situation will result in:

Follow-up date: Comments:

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Employee's Comments/Statement:

Additional documentation attached as needed (description):

Signatures:

Employee: _____ Date: _____

(Employee's signature is an acknowledgement that this matter was discussed)

Manager: _____ Date: _____

Director: _____ Date: _____

Human Resources: _____ Date: _____