

TRACER

SECURITY SERVICES

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|--|----------------|------------------------|
| COUNSELING SESSION REPORT | Tfor043 | Revision 5/3/10 |
| Employee Information | | |
| Rank: _____ Last Name: _____ First Name: _____ MI: _____ | | |
| Employee #: _____ Site Assignment: _____ | | |
| Problem Area | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Supervisor's Solution To Problem Area | | |
| _____ | | |
| _____ | | |
| _____ | | |
| _____ | | |
| Corrective Action Which Will Be Taken If Problem Persist | | |
| Request For Corporate Office To Initiate Disciplinary Action: _____ | | |
| Displacement From Site: _____ | | |
| Employee's Verification | | |
| Request To Meet With The Corporate Office: _____ Request Transfer To Another Site: _____ | | |
| I Understand & Agree With This Counseling Session: _____ | | |
| Employee's Signature: _____ Date: _____ | | |
| Corporate Acknowledgement Of Counseling Session | | |
| Site Manager: _____ Date: _____ | | |
| Corporate Representative: _____ Date: _____ | | |