COUNSELING RECORD		
Date	Time	Place
Name of Employee	Job Title	
Synopsis:		
Employee's acknowledgement: My signature appeared below does not mean that I agree or disagree with the contents of counseling. It is only to acknowledge that there was counseling.		
Signature	Date/Time	
Supervisor's Name in Print	Supervisor's Signature/Date	

HROYOKO ER form (11/07)