



UNIVERSITY OF GUAM UNIBETSEDÁT GUAHAN

UOG Station, Mangilao, Guam 96923

EMPLOYEE COUNSELING FORM – SUPERVISORY DESK NOTE

Counseling Date: _____

Supervisor: _____

Title: _____

Employee's Name: _____

Title: _____

Nature of Condition, Inquiry, or Incident:

(Describe the incident/issue in detail to allow for ready interpretation by other concerned party (ies). Cite subject of counseling, time and date).

Conclusion/action to be taken:

(Describe what remedy was requested of the employee to improve performance or to meet standards. BE SPECIFIC)

I understand that counseling session was held with me on _____.

(Date and Time)

EMPLOYEE'S SIGNATURE

SUPERVISOR'S SIGNATURE