

**STAFF COUNSELING/DISCIPLINARY RE-EVALUATION**

STAFF MEMBER NAME: \_\_\_\_\_

DATE OF DISCIPLINARY ACTION: \_\_\_\_\_

REASON FOR COUNSEL: \_\_\_\_\_

EVALUATION OF OBJECTIVES FOR IMPROVEMENT:

OBJECTIVE(S)	M	D	N

M = Objectives have been met  
D = Objectives have not been fully met  
N = Objectives have not been met

SUPERVISORY RECOMMENDATIONS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Your signature is intended only to acknowledge receipt of this form; it does not imply agreement or disagreement with the contents of the form itself. If you refuse to sign, another supervisor at ECU will be asked to sign indicating that you received a copy of the form.*

**STAFF MEMBER'S COMMENTS:**

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\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date