

ASSOCIATE'S COMMENTS:

SIGNED: _____ DATE: _____
(Associate)

(Signature indicates that the Associate has received this counseling. It does not imply that the Associate agrees with the contents.

If the associate refuses to sign, Manager writes "Refused to sign", and Witness signs below.)

(Witness) (date)

SIGNED: _____ DATE: _____
(Supervisor/Manager)

SIGNED: _____ DATE: _____
(Human Resources; CZJW)

CORPORATE OFFICE: Signed original goes to HR Manager to be placed in Associate's personnel file; Associate and manager each receive a copy of the signed form. PROPERTIES/EVENTS: Signed original goes in Associate's personnel file; Associate is given copy of signed form.