

University of Missouri – St. Louis

Probationary Counseling Form

Instructions: Use this form to document and administer formal and informal employee feedback such as identification, correction and prevention of performance and behavior issues. Employment with UMSL is at-will; the University reserves the right to discipline employees as indicated by policy. Certain misconduct can justify suspension, including immediate termination.

EMPLOYEE NAME:		EMPLOYEE ID:		
JOB TITLE:		SUPERVISOR NAME:		
DEPARTMENT:	DEPARTMENT HIRE	DATE:	DATE:	
INFRACTION:				
SPECIFIC INCIDENT PROMPTING THIS ACTION Describe the specific incident, the date and place of occurrence, and the individuals involved. Attach additional sheets as necessary:				
EFFECT (OR POTENTIAL EFFECT)? Describe the effect this problem has had (1) on the department or University and (2) on the employee's performance. Attach additional sheets as necessary:				
EXPECTATION OF EMPLOYEE Describe what the behavior should be:				
HAS THE EMPLOYEE BEEN COUNSELED PREVIOUSLY? Yes No If yes, list dates and reasons:				
OTHER COMMUNICATION: List other communications (with dates) which would have advised employee of rule or procedure which he/she violated. Attach additional sheets as necessary.				
ACTION PLAN (Include mutually agreed upon action plans and timelines for correcting the problem or concern and consequences if improvement does not occur. Attach additional sheets as necessary.):				
ACTION STAGES - BEFORE ANY STAGE IS TAKEN, IT MUST BE DISCUSSED WITH HUMAN				
RESOURCES: 1st Stage: At the time of the counseling, was the employee advised that additional performance or other concerns				
during the probationary period might result in termination of his/her employment? Ves No				
Did employee read sign receive a copy of documentation of the counseling? Wes No				
2 nd Stage: DISCHARGE: After discussion with HR, employee has been given letter or memo clearly stating the effective date:				
* PROBATION EXTENSION: Probation may be extended in some situations to a maximum of nine (9) months. Departments must discuss and receive approval from HR. The employee must then be notified in writing and a copy of the letter sent to HR.				
EMPLOYEE COMMENTS (Present ideas for improvement and/or offer comments. Attach additional sheet if needed.):				
Supervisor (Signature Required):	Date:	HR (Upon Receipt):		Date: