**TO:** Insert employee name, Insert employee job title

**FROM:**  Insert supervisor name., Insert supervisor job title

**DATE:**  Insert Date

RE: **DOCUMENTED COUNSELING SESSION**

You are being issued this **Documented Counseling Session** for the following:

1. Insert applicable details, facts, and circumstances that resulted in the Documented Counseling Session including pertinent date(s);
2. When applicable, include previous disciplinary and informal corrective action

1. Insert applicable specific directives concerning expectations of future performance and behavior

This Documented Counseling Session is considered informal corrective action pursuant to Section 7.1 and 7.5 of the Mississippi State Employee Handbook and is not grievable. It may be considered by the agency in determining appropriate disciplinary action in response to any future unacceptable behavior or unsatisfactory job performance.

A copy of this Documented Counseling Session will be placed in your personnel file and your signature below acknowledges receipt.

 \_\_\_\_\_\_\_\_\_\_\_

Supervisor Name Date

I acknowledge that I have received this Documented Counseling Session:

 \_\_\_\_\_\_\_\_\_\_\_

Employee Name Date

C: Human Resources