

**TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER
DISCIPLINARY COUNSELING RECORD**

Name of Employee: _____ R# _____

Position Title: _____

Department: _____

Supervisor: _____

The following is a brief statement of this employee's action which gave cause for counseling, together with suggestions for avoiding disciplinary measures in the future.

1. Employee's action or lack of action:

2. Reason given by employee:

3. What instructions were given to employee?

4. Employee's reaction to these instructions:

5. Supervisor's reactions and remarks:

In accordance with TTUHSC policy, a repetition of this offense or other acts of a similar nature may necessitate disciplinary action.

Employee Signature: _____ Date _____

Signature of Supervisor: _____ Date _____