



160 S. Hollywood Street • Memphis, TN 38112 • (901) 416-5300 • www.scsk12.org

Date: _____

Employee Name: _____

Supervisor's Name: _____

Subject: Documented Counseling

This is a result of the conference held with you on the following date: ___-___-20___. The purpose of the conference was to discuss the following specific behavior or performance issues/concerns:

_____.

During the conference, you were given the opportunity to respond and you provided the following responses to questions related to behavior or performance issues/concerns:

_____.

However, you need to improve as indicated below by the following expectations and/or desired behavior or performance:

_____.

This missive shall be considered as a **Documented Counseling**.

A copy of this oral reprimand will be placed in your school file.

Please be aware that Shelby County Schools employees who do not fulfill the responsibilities set forth by such performance criteria, rules, procedures and standards of ethical conduct may be subject to adverse personnel actions.

c: School File