



WRITTEN COUNSELING

State Form 54117 (R / 7-11)
INDIANA STATE PERSONNEL DEPARTMENT

Name of Employee	Name of Agency/Department
Employee ID Number	Name of Section/Division
Name of Supervisor	Today's Date (<i>month, day, year</i>)

NATURE OF ISSUE

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Note to Employee: *Your signature does not signify that you agree with the information contained herein. It signifies that this document was presented to you in person and that the policy/behavior was fully explained.*

I hereby certify that I have had an opportunity to review this document and understand that I am to receive a copy. I am aware that my signature does not necessarily mean I agree with the information contained herein.	
Signature of Employee	Date (<i>month, day, year</i>)

Note to Supervisor: *Employee is only requested to sign above. If he/she declines, regardless of the reason, ask that a member of management sign below as witness to the declination of signature.*

Printed Name of member of management (witness)	
Signature of member of management (witness)	Date (<i>month, day, year</i>)

Signature of Supervisor	Date (<i>month, day, year</i>)
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Note to All: *A copy of this statement will be provided to the employee and the director. The immediate supervisor will maintain a copy in the employee's fact file.*