

**University of Houston-Victoria  
Verbal Counseling Record**

**FORM A**

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Job Title \_\_\_\_\_

**SUPERVISOR'S STATEMENT**

**EMPLOYEE'S STATEMENT**

**ACTION TO BE TAKEN**

\_\_\_\_\_  
Supervisor's Signature                      Date

\_\_\_\_\_  
Employee's Signature                      Date

Distribution: 1) Copy to Employee      2) Copy to Supervisor