**Template: Counseling Memo**

* Draft must be reviewed by assigned Human Resources Business Partner and/or Workforce Relations before delivery.
* Date of memo will be the date of delivery.
* Counseling Memos will be kept in employee personnel files even though they are not discipline. HRBP/Generalist/Supervisors are expected to keep separate records.

**Date:** [Date of delivery]

**To:** [Employee name, Title, Department]

**From**: [Supervisor name, Title, Department]

**Re:** **Counseling Memorandum**

This memo is to confirm our conversation on [date] during which we discussed my concerns about [performance and/or behavior/conduct - list issues here]**.**

***[Describe Incident or behavior in detail, as well as any prior conversations about it, and any reasons given by employee for this behavior. Explain and cite any UC/UCI policy or procedure violated, any written work rule violated, or any established performance metric not met. Explain the negative impact of the behavior.***

***As applicable, tie expectations to what has been previously communicated in position descriptions, job leveling charts, and given assignments, and point the employee to those documents as reference.***

***Use clear, specific examples of performance and/or behavior being counseled. If applicable, arrange event information in chronological order (oldest to most recent) and tag each occurrence with an introductory date stamp (e.g., January 5, 2024: Absent from work and did not follow call-out protocol). Describe expectations for the future related to the incident or behavior noted above.]***

This memo is not discipline. It is to inform you of my expectations and your need to adhere to them. Failure to improve your [performance/behavior/conduct] and adhere to the above outlined expectations may lead to disciplinary action up to and including termination of employment.

As a UCI employee you have access to support through the [Life Resources Program](https://liferesources.uci.edu/). The Life Resources Program offers a safe environment in which you can discuss your concerns confidentially. All services are voluntary, confidential, and free of charge. If you are experiencing challenges or circumstances that may be impacting your [work performance/behavior], you are strongly encouraged to contact the Life Resources Program at (844) 824-3273.

If you have any questions regarding this matter, please feel free to discuss them with me.

Enclosures: [Include any supporting documentation]

cc: [Name], Human Resources Business Partner

 Personnel File