



ESCAMBIA COUNTY BOARD OF COUNTY COMMISSIONERS
COUNSELING NOTIFICATION

Employee:

Date:

Job Classification:

Department:

This is to notify you that you are receiving the following in accordance with the County's Disciplinary principles.

A description of the rule, standard, policy or a reasonable expectation of employment that has been violated that includes date(s) and action(s) is below and/or attached.

Continued on attached sheet(s)

APPROVALS

Supervisor

Date

Witness

Date

EMPLOYEE RECEIPT ACKNOWLEDGEMENT:

I ACKNOWLEDGE receipt of a copy of this Disciplinary Action. My signature does not imply that I agree.

Employee Signature

Date

() Employee refused to sign this Counseling Notification

Description Continued: