



**NORTH EAST I.S.D. FACILITY MAINTENANCE DEPARTMENT  
COUNSELING REPORT**

**NAME** \_\_\_\_\_ **SSN** \_\_\_\_\_

**DEPARTMENT** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DESCRIPTION OF INCIDENT:**

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**VIOLATION OF BOARD POLICY/ADMINISTRATIVE REGULATION/DEPARTMENT  
POLICY:**

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**CORRECTIVE ACTION/RESOLUTION:**

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*Your signature does not imply agreement, but rather that you have received a copy of this report.*

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SUPERVISOR SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Duplicate copy for:**  
**Human Resources**  
**Supervisor**  
**Maintenance Employee File**