

PLAINFIELD BOARD OF EDUCATION  
Plainfield, New Jersey

4151

ATTENDANCE COUNSELING FORM

Employee's Name \_\_\_\_\_ Date \_\_\_\_\_

School/Department/Unit \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Persons Present \_\_\_\_\_  
\_\_\_\_\_

Purpose of Meeting: _____ To discuss absences	_____ To discuss tardiness
Number of absences for current year: _____ days. List dates: _____	Number of tardiness for current year: _____ List dates: _____
Number of absences for last year: _____ days List dates: _____	Number of tardiness for last year: _____ List dates: _____

Employee's Response:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Result of Meeting: \_\_\_\_\_ Resolved \_\_\_\_\_ Not Resolved  
\_\_\_\_\_ Pending Review \_\_\_\_\_ Referred to Human Resources for Review

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\*Two copies of this form are to be made after employee and supervisor's signatures have been collected.  
Original is to be sent to the Human Resources Department.  
One copy is to be handed to the employee.  
Second copy goes in employee's school file.