



PLAINFIELD BOARD OF EDUCATION

Plainfield, New Jersey

ATTENDANCE COUNSELING FORM

MOVING PLAINFIELD PUBLIC SCHOOLS FORWARD

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:	<input type="checkbox"/> Resolved	<input type="checkbox"/> Not Resolved
	<input type="checkbox"/> Pending Review	<input type="checkbox"/> 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.