

**NAVAL DENTAL CENTER SOUTHWEST
RECORD OF COUNSELING**

PRIVACY ACT STATEMENT

Authority to request the information on this form is derived from 5 United States Code 301, Department Regulations. Purpose of this form is to provide the Division Officer with readily accessible data concerning personnel in their division. The information is used by the Division Officer to manage and administer their personnel, and to take necessary actions regarding satisfactory or unsatisfactory performance. Disclosure of the following items of information is voluntary. The individual being documented has the right to examine and copy this document related to them, have the right to review and discuss issues in order to resolve them; have the right to request amendments to, or modifications of, this document. Any statement made can and may be used against them in a court of law.

SIGNATURE OF INDIVIDUAL BEING COUNSELED

INSTRUCTIONS FOR COMPLETION OF COUNSELING FORM

1. The counseling session will be held in private and will respect the rights of the individual.
2. The statement, upon completion, will be reviewed very carefully to ensure counselee understands all statements.
3. Provide counselee with a copy of this counseling if they so desire.
4. Ensure report is filed in the Division Officers folder and is kept in a locked desk or safe.
5. Destroy this document upon transfer of counselee.

COUNSELEE'S RIGHTS

1. You have the right to examine and copy this documentation of counseling. _____
2. You have the right to review and discuss differences in order to resolve them. _____
3. You have the right to request amendments or modifications to this document _____
4. This Record of Counseling , and any statement you make, will be maintained in your Division Officer's file. It may be used to substantiate your performance evaluation or other action as appropriate.

DATE: _____

COUNSELEE'S RATE/NAME: _____

COUNSELEE'S WORKCENTER: _____

COUNSELOR'S RATE/NAME: _____

NAVDENCENSW 1610/2 (5-00)

REASON FOR COUNSELING

COMMENDATORY _____

PERFORMANCE _____

DEPENDENCY SUPPORT _____

PERSONAL BEHAVIOR _____

INDEBTEDNESS _____

OJT PROGRESS _____

RESPONSIBILITIES _____

WATCHSTANDING _____

APPEARANCE _____

CAREER COUNSELING _____

HUMAN RELATIONS _____

OTHER _TARDINESS____

Is this the first counseling for this reason? Y/N If not, how many prior counseling have occurred? __

Detailed reason for counseling: (Give facts, specific dates, names, sequence of events, etc)_____

Counselor's comments/recommendation: _____

Plan of corrective action that counselor and individual developed and discussed to overcome the problem(s) and improve present performance: _____

Agencies or personnel individual referred to for assistance: _____

Individual's response to this counseling: _____

Follow-up date: _____

(SIGNATURE OF COUNSELEE)

(SIGNATURE OF COUNSELOR)