



# ***ST. TAMMANY FIRE PROTECTION DISTRICT NO. 11***

**Johnny Leos, Fire Chief**

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## **Written Record of Counseling**

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### ***Employee Information:***

Employee:  Date / Time:

Employee No.:  Job Title:

### ***Details of Offense:***

Description of  
Infraction:

Future  
performance  
Expectations:

Consequences  
of further  
Infractions:

### ***Acknowledgement of Receipt of Written Record of Counseling:***

By signing this form, you confirm that you understand and have discussed the problem behavior and future performance expectations with your supervisor. By signing this document, you acknowledge the receipt of the Written Record of Counseling. A copy of this document will be placed in the supervisory file. This document may not be appealed.

Employee's Signature:

Supervisor's Signature: