

**CITY OF PACIFIC GROVE  
COUNSELING MEMORANDUM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ CLASSIFICATION: \_\_\_\_\_

This memorandum is to indicate that the following was discussed with you:

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This counseling memorandum is intended to provide you with the opportunity to make the necessary improvements or changes in the performance of your duties that we have discussed.

\_\_\_\_\_  
Immediate Supervisor Signature

\_\_\_\_\_  
Department Head Signature

I have received a copy of this counseling memorandum. I have read the counseling memorandum and have been given an opportunity to discuss it with my supervisor. I acknowledge that I know the rules and/or requirements involved. My comments (if any) are below.

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

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

Employee's comments, if any: (Please use additional paper if necessary.)

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cc: Employee  
Personnel File