

UNSATISFACTORY PERFORMANCE

Counselling Session Record Template

This template can be used to record unsatisfactory performance issues. It is intended to be a record of a counselling session and provides documentation that demonstrates the University's commitment to substantive and procedural fairness. This template is compliant with the process prescribed in the University of Adelaide Enterprise Agreement (as amended) – (Unsatisfactory Performance – clause 8.1)

The supervisor should complete all sections prior to meeting with the staff member except those with an * asterisk, which should be completed with the staff member.

For specific advice, contact a HR Advisor/Workplace Relations Consultant.

STAFF MEMBER DETAILS	
Staff ID: School/Branch:	Work phone:
Title: Family name:	Given names (in full):
RMO file No.:	
COUNSELLING DETAILS	
Type of Counselling	 ☐ First Counselling ☐ Second Counselling ☐ Third Counselling ☐ Optional Follow-up (First/ Second/ Third) (Please circle which counselling session this progress report relates to)
Date of Counselling	
Supervisor's Name	
Staff Member's Representative's Name (if applicable)	
Supervisor's Representative's Name (if applicable)	
SUMMARY OF UNSATISFACTORY PERFORMANC	E ISSUES TO BE DISCUSSED
Detail below the main points of concern with the staff members	per's performance, work habits, behaviour etc.
DETAILS:	

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DETAILS OF UNSATISFACTORY PERFORMANCE

Detail below the specific examples of unsatisfactory performance. This may include: previous discussions, concerns with behaviour, points for clarification, points of interest, complaints raised by a member of the University community.

If applicable, attach supporting documentation/evidence e.g. record of informal discussions, correspondence (memos, emails, letters).

No.	Date	Details	Supporting Evidence e.g. Attachment A (if applicable)

The supervisor should complete all sections prior to meeting with the staff member except those with an * asterisk, which should be completed with the staff member.

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* STAFF MEMBER'S COMMENTS
The staff member should be given the option to make any comments/raise any mitigating circumstances in relation to the details of the unsatisfactory performance, which can be recorded below.
First and Second Counselling sessions only - The staff member may provide a written response within 10-working days from the date of receipt of the counsel.
First and Second Counselling Sessions only - Ensure a Follow-up Session is scheduled to review the response and finalise the Performance Improvement Plan.
DETAILS:
* SUPERVISOR'S COMMENTS
The supervisor may wish to respond to the staff member's comments, which can be recorded below.
DETAIL C.

* PERFORMANCE IMPROVEMENT PLAN

Detailed below are the specific actions required to rectify the unsatisfactory performance e.g. undergo training programs, provide medical certificates for absences, behaviour modifications, set projects or tasks, mediation meetings, EAP counselling.

No.	Date	Details	By When

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NEXT STEPS IN THE PROCESS				
etail what will happen next. Examples include: The consequences if: unsatisfactory performance continues then it will proceed to the second or third stage and state the length of the review period; or there is no commitment to improve or acknowledgement by the staff member there is an issue of unsatisfactory performance then a report is made direct to the DVC/VP; Potential disciplinary action; Follow-up session(s) during the review period and what they will cover; The matter will be closed if improvement is maintained for a specified period.				
DETAILS:				
ANY OTHER RELEVANT INCORMATION				
ANY OTHER RELEVANT INFORMATION				
E.g. staff member/supervisor on leave, constraints to process.				
DETAILS:				
DATE OF NEXT MEETING/END OF CURRENT PERFORMA				
Purpose of Meeting e.g. Interim Progress, Second/ Third Counselling	Date Time			
Location				
Education				
CERTIFICATION (ALL SIGNATURES ARE REQUIRED)				
Supervisor	Staff Member Refused to sign - copy of counselling record has been provided.			
Name (please print):				
Signature:	Name (please print):			
	Signature:			
Date:	Date:			
Supervisor's Representative (if applicable)	Staff Member's Representative (if applicable)			
Name (please print):	Name (please print):			
Signature:	Signature:			
Date:	Date:			
FINAL CHECKLIST All parties signed (setets if staff member refuses to sign)	Convinienced on PMO file			
FINAL CHECKLIST All parties signed (notate if staff member refuses to sign) Copy provided to staff member (including attachments)	Copy placed on RMO file Copy forwarded to Human Resources			

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