



**CENTRAL ARIZONA COLLEGE  
PERFORMANCE COUNSELING RECORD  
FOLLOW-UP REPORT**

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Employee: \_\_\_\_\_ ID: \_\_\_\_\_ Date: \_\_\_\_\_

Job Title: \_\_\_\_\_ Department: \_\_\_\_\_

*General Nature of Discussion:*

- Attendance
- Quality of Work
- Quantity of Work
- Conduct
- Other

**COMMENTS BY SUPERVISOR** *(Also indicate if any additional follow-up action is necessary):*

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**COMMENTS BY EMPLOYEE:**

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*My signature means that this issue has been discussed with me. I understand that my signature does not necessarily indicate agreement.*

\_\_\_\_\_  
Employee Signature/Date

\_\_\_\_\_  
Supervisor Signature/Date

\_\_\_\_\_  
Second Level Supervisor Signature/Date