



SUPERVISION DOCUMENTATION FORM

Employee Name	Position	Office/Region
Supervisor's Name:	Date/Time	Location

Purpose of Documentation

- ☐ Monthly Supervision
- ☐ Report Made

Area of Review

- ☐ Positive Recognition
- ☐ Performance Feedback
- ☐ Attendance/Tardiness
- ☐ Policy Violation
- ☐ Behavioral Concern
- ☐ Other: _____

Positive Observations *(Describe specific behaviors, achievements, or improvements that deserve recognition.)*

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Areas for Improvement *(Describe specific behaviors, actions, or areas needing development).*

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Expectations & Next Steps

- **For Positive Observations:** *(How can the employee continue or build upon this success?)*
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- **For Areas of Improvement:** *(What changes are expected and by when? What support will be provided?)*



Employee's comments/concerns

Recommendations

Action Plan & Follow-Up

- ☐ No Action Needed – Continue positive performance
- ☐ Coaching or Mentoring Session Scheduled
- ☐ Training Recommended
- ☐ Performance Improvement Plan (PIP) Initiated
- ☐ Additional Check-In Required (Date: _____)
- ☐ Other: _____

Signatures

Supervisor Acknowledgement: I acknowledge that I have discussed it with the employee and, if necessary, draw up an action plan and give them a copy.

Supervisor's Signature: _____ **Date:** _____

Employee Acknowledgment: I acknowledge that the information presented in the Supervision Feedback Document has been reviewed and explained by my supervisor. I also understand that this document will be added to my personnel file. Any warning that has resulted due to this meeting may result in further counseling action up to and including termination of employment.

Employee's Signature: _____ **Date:** _____