

STATE OF MARYLAND
DEPARTMENT OF GENERAL SERVICES
MARYLAND CAPITOL POLICE

Personnel Counseling Record

Employee's Name: _____ Date: _____

Assignment: _____

___ Sworn Rank: _____ ___ Civilian Position: _____

Problem(s) Discussed:

Employee's Statement:

Employee's Suggestion to Correct Problem(s):

Supervisor's Comments:

Employee's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____

cc: Employee's Personnel File
Employee's Auxiliary Personnel File
Employee