**Department XXXX**

Eastern Washington University

Cheney, WA 99004-2445

**to:** [FACULTY MEMBER NAME, TITLE]

**from:** [APPROPRIATE CHAIR OR DEAN]

**date:** Month Day, Year

**subject:** Letter of Coaching and Counseling

The purpose of this Letter of Coaching and Counseling is to address recurring deficiencies in your performance regarding [BRIEF DESCRIPTION OF ISSUE]. You and I have discussed this previously [DATE(S)]. However, based on the incident that occurred on [DATE] I believe a letter of coaching and counseling is warranted.

[DESCRIBE INCIDENT]

As a [TITLE], it is expected that you will [DESCRIBE EXPECTATIONS].

I hope you understand the seriousness of your actions and will take steps to improve your performance. If I can provide additional information, or if you have any questions about my expectations, please contact me immediately. You are an important member of our faculty, and it is my expectation you will have no further incidents of this type. Further corrective or disciplinary action may occur if you fail to meet the expectations.

Employee Assistance Program: If you believe that a personal issue (such as a medical condition, financial problems, substance abuse, or a family/relationship issue), you may contact the Employee Assistance Program (EAP). The EAP may be able to refer you to a counselor or other specialist who may be able to help you resolve the issue. All such contact is completely confidential; the EAP will not report any of the details of your contact to management. You may reach the EAP at (877) 313-4455 or through their website located at http://www.hr.wa.gov/EAP/Pages/default.aspx.

Reasonable Accommodation: If you have a disability that you believe may be affecting your performance, you have the right to request a reasonable accommodation under the Americans with Disability Act (ADA). Please be aware that the ADA does not require the University to alter or reduce performance standards or essential functions of your position; it does, however, require the University to engage in an interactive process with you to find ways to mitigate the impact of your disability on your performance. If you wish to inquire about reasonable accommodation, please contact Human Resources, Rights, and Risk at (509) 359-2381.

cc: HRRR/Labor Relations

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Employee Signature and Date of Receipt

*Your signature above only signifies that you received this document,*

*and does not signify that you accept or agree with its contents.*