

**MIAMI-DADE COUNTY  
RECORD OF COUNSELING**

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Employee Name:	<input type="text"/>	Date:	<input type="text"/>	
Classification:	<input type="text"/>	Date of Hire:	<input type="text"/>	ID# <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	Employee Status:	
Department	Division	Area	<input type="checkbox"/> Permanent	<input type="checkbox"/> Probational <input type="checkbox"/> Other

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Supervisor

Date

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Employee

Date