

EMPLOYEE CONFERENCE

Department: _____ Date: _____

Employee: _____ Job Title: _____

Reason for Conference:

___ Commendation ___ Counseling* ___ Employee Complaint

___ Disciplinary ___ Termination ___ Other

Conference Initiated By:

ISSUE: _____

RELEVANT FACTORS: _____

ACTION OR CONCLUSIONS: _____

* If counseling, state (a) problem (b) why it is a problem (c) what action might result if uncorrected, and (d) when a subsequent action might take place.

Employee's Signature Date

Supervisor's Signature Date