

CONFERENCE NOTES

Employee's Name	Employee's Title	Department
Supervisor's Name	Supervisor's Title	Date of Conference

Use additional sheets if necessary.

FOLLOW-UP ON ACTION ITEMS FROM PREVIOUS CONFERENCE (if applicable):

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REASON FOR CONFERENCE:

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ITEMS COVERED IN CONFERENCE:

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ACTION ITEMS (if applicable):

STEPS TO BE TAKEN IF ACTION ITEMS UNMET (if applicable):

EMPLOYEE COMMENTS:

I have read these conference notes and received a copy of them.

_____	_____	_____	_____
Signature-Employee	Date	Signature-Elected Official/ Department Head	Date

I certify that these conference notes were presented to _____ and that the employee refused to sign these notes. Name of Employee

*Signature _____
Date

***The Elected Official/Department Head signs unless a dismissal recommendation has been discussed. In that case, a witness Department Head or Witness must sign.**