EMPLOYEE CONFERENCE FORM

This form documents the following:
Coaching Session
Oral Reminder
Written Reminder

Employee Name:		Title:
Department:		Supervisor Name/phone #:
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Concern / Issue / Incident	Describe agreed upon solution(s) or cours	hal Skills) — Department or University Rules — Attendance – Dependability — Other e specific, and include dates and examples):
Employee's Signature:		Date:
Supervisor's Signature		Date:
NOTE : Employee's signature indicates that this information has been discussed with the employee. It also acknowledges receipt of a copy of the coaching record. The employee may respond using the reverse side of this form.		
Distribution: (check all that apply): EmployeeSupervisorDept		