

## **Employee Record of Conversation**

| Employee Name:  | Date <u>:</u>                             |  |
|---|---|--|
| Position:   | Client Name:                              |  |
| <b>PURPOSE:</b> To provide a supervisor the opportunity to formally discuss with an employee the need to improve performance and to create a formal record of the meeting.  |   |  |
| Counseling Session Ve   | rbal Warning Written Warning              |  |
| Final Written Warning Su  | spension                                  |  |
| <b>REASON FOR COUNSELING SESSION:</b> (Note below specific problems, issues, occurrences, dates, times, etc.):  |   |  |
| Absenteeism Tardiness Failure to do job (note below specific problems) Gross Misconduct Violation of company policy Insubordination Other (note below specific problems)  EVENTS LEADING TO THE CONVERSATION: Include specific policy that has been |   |  |
| violated or performance issue.  | ON. Include specific policy that has been |  |
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|   |   |  |
| PERFORMANCE EXPECTATION: State the required behavior.   |   |  |
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| <b>SUGGESTED MEANS OF IMPROVEMENT:</b> List <i>specific</i> goa performance and measurement standards that you and the to, and in what time frame.  |       |  |
|---|-------|--|
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|   |       |  |
| FAILURE TO COMPLY WITH THE ABOVE WITHIN THE SPECIFIED PERIOD, AND/OR FURTHER VIOLATIONS OF COMPANY POLICIES AND PROCEDURES, WILL RESULT IN FURTHER DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION. |       |  |
| EMPLOYEE COMMENTS:  |       |  |
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|   |       |  |
|   |       |  |
| DATE ISSUED:  |       |  |
| Manager Signature:  |       |  |
| Witness Signature (if available):   | -     |  |
| By signing this I acknowledge only that I have received this:   |       |  |
| Employee Signature:   | Date: |  |