

EMPLOYEE CONFERENCE FORM

<i>Employee Name:</i>	<i>Title:</i>	
<i>Department:</i>	<i>Supervisor Name</i>	<i>Ext #</i>

This Report Confirms in Writing That You Are Aware Of The Following.

Compliment	
Concern / Issue / or Incident	<p>Refer to Performance Improvement Plans - Guidelines for Supervisors document on the Web</p> <p>DOCUMENTATION OF CONCERN(S), ISSUE(S) OR INCIDENT(S) INVOLVING:</p> <p><input type="checkbox"/> Conduct or Behavior (Interpersonal Skills)</p> <p><input type="checkbox"/> Department or University Rules</p> <p><input type="checkbox"/> Safety or Work Environment</p> <p><input type="checkbox"/> Work Performance (Productivity or Quality of Work)</p> <p><input type="checkbox"/> Attendance - Dependability</p> <p><input type="checkbox"/> Customer Service</p> <p><input type="checkbox"/> Other _____</p> <p><i>Describe performance concern or issue (be specific, include dates and examples):</i></p>
	<p><i>Describe agreed upon solution(s) or course of action:</i></p>
	<p><i>Note follow-up review plan date(s), etc:</i></p>

<i>Employee's Signature:</i>	<i>Date:</i>
<i>Supervisor's Signature:</i>	<i>Date:</i>
<i>2nd Level Supervisor's Name & Initials:</i>	<i>Date:</i>

DISTRIBUTION: (ck all that apply): Employee Spvr Dept Human Resource Services