



Staff Consultation Form

Employee Name: _____

Reason(s) for discussion. Describe incident, work performance or situation that is of concern.

Staff member explanation:

Future expectations of behavior/performance.

By signing below, I confirm that I have received this information.

Employee Signature

Date

Supervisor Signature

Date

Reviewed: February 3, 2021

Reviewed: March 28, 2019

Created and approved by management team: February 7, 2017