



# Performance Management Record of Conference

Verbal (To document conversations only; no employee signature is required)
 Conference
  Suspension
  DML
  Termination

Name of Employee: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Position: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Department: \_\_\_\_\_

Name/Title of Supervisor: \_\_\_\_\_

### REASON FOR CONFERENCE:

(To be completed by supervisor. indicate if there has been previous counseling.)

### ACTION PLAN FOR IMPROVEMENT:

(To be completed by employee and supervisor at time of conference. Identify specific solutions, expectations, and timeframes.)

### EMPLOYEE COMMENTS:

I understand that my failure to improve my performance as set forth above may result in further corrective action, up to and including the termination of my employment. I acknowledge receipt of a copy of this record.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head Signature (optional)

\_\_\_\_\_  
Date