

Albertville City School Schools Record of Conference Form

ISSUED TO:

Name: _____ Date: _____

Job Title: _____ Location/Dept.: _____

****Provide all information requested below; attach additional pages if necessary****

I. A CONFERENCE WAS HELD FOR THE FOLLOWING REASONS (INCLUDE DATES):

II. SUMMARY OF CONFERENCE:

III. THE FOLLOWING CORRECTIVE ACTION IS EXPECTED:

Employee's Signature _____ Date _____

****Acknowledges receipt of; not necessarily concurrence with this notice. Employee acknowledges the right to present a rebuttal to be placed in file if so elected. All rebuttal must be written on the back of this form.***

Supervisor's Signature: _____ Date _____

Witness/Other: _____ Date: _____