

AUBURN UNIVERSITY FACILITIES MANAGEMENT – RECORD OF DISCUSSION

EMPLOYEE: Name _____ ID # _____ Date _____

DEPARTMENT: _____ Supervisor: _____

Verbal Discussion for Documentation Purposes Only

Reason For Discussion/Action: *(Please Check Appropriate Box)*

- Information/Acknowledgement Purposes Only
- Compliment or Commendation
- Results of Investigation
- Pre-Shift Meeting *(all employees sign on reverse of sheet)*
- Coaching/Mentoring Opportunity

Details of Situation/Discussion In Brief: *(Be specific. Make sure to include date(s), time(s), person(s) involved, policies referenced, investigation notes, etc.)*

Discussion/Action Taken At This Time:

BY SIGNING BELOW I ACKNOWLEDGE THAT THE ABOVE WAS DISCUSSED WITH ME AND THAT I UNDERSTAND THAT MY SIGNATURE DOES NOT NECESSARILY MEAN AGREEMENT.

Signature

Signature (Supervisor)

ORIGINAL: Supervisor's file

Issued: 8/28/2018