

Internal Use Only

Employee:	Date of Meeting:
Supervisor:	
Area(s) of concern (please use additional sheets if necess	
Performance Expectations (please use additional sheets in	f necessary):
·	needed
has occurred regarding your performance expectations as with the contents, but that you have received a copy of this	nd received a copy of this documentation. Your signature also confirms that a conversation laid out on this document. Signing this form does not necessarily indicate that you agree is document and that you understand the consequences of not consistently meeting the may submit a written response to this communication within 14 calendar days.
(Digital signatures will not be accepted. Please print, sign at	nd send to Human Resources.)
I have read and I understand the information	above.
Employee Signature	Date
Manager/Supervisor Signature	Date
U	