



# MARICOPA FAMILY

*Dentistry & Orthodontics*

## **DISCUSSIONS OF PERFORMANCE**

Team Member:

Date of Discussion:

Behavior/Performance Requiring Corrective Action:

Behavior/Performance Expected:

Planned Action:

Work all remaining days in your probationary period.

*(Note: This form will be kept in your personnel file.)*

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Employee Signature

Date

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Manager's Signature

Date