Record of Employee Conversation

Date:	

☐ Phone call ☐ Text message ☐ In-person ☐ Email or chat

Employee name	Employee ID number

Title	Department

Witnesses	

Summary of Conversation

Employee Notes

Supervisor signature: _____

Name and date: _____

Witness 1 signature: _____

Name and date: _____

Witness 2 signature: _____

Name and date: _____

Employee signature: _____

Name and date: _____

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