

Record of Employee Conversation

Date: Phone call Text message In-person Email or chat

| | | |
|----------------------|----------------------|----------------------|
| Employee name | | Employee ID number |
| <input type="text"/> | | <input type="text"/> |
| Title | Department | |
| <input type="text"/> | <input type="text"/> | |
| Witnesses | | |
| <input type="text"/> | | |

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: _____