

USD 434 Santa Fe Trail

Conference Report

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ School/Department \_\_\_\_\_

Subject of Conference:

\_\_\_\_\_  
\_\_\_\_\_

Content of Conference:

Resolution of Conference:

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Response:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature indicates that my supervisor reviewed this report with me on this date.

Note: Conference report must be signed and dated by both parties and sent to District Personnel File.