

CISD Local Policy DH – EMPLOYEE STANDARDS OF CONDUCT

CANUTILLO INDEPENDENT SCHOOL DISTRICT

CONFERENCE REPORT
SAFETY VIOLATION

Please complete the following items as you attempt to remediate performance deficiencies of employees on your staff.

NAME _____ DATE _____

SCHOOL/DEPT. _____ ASSIGNMENT _____

TYPE OF VIOLATION: _____

Date(s) of occurrence(s) _____ No. of Occurrence(s) _____

Supervisor's Corrective Action Taken:

1. Verbal Warning
2. Written Reprimand (Please attach)
3. Recommend
Disciplinary leave/suspension
4. Recommend Termination

Superintendent's Action Taken:

Suspension With Pay W/O Pay No. of Days

Suspension Dates _____

Administrative Leave Demotion Termination

Other Explain _____

Supervisor Signature _____ Date _____

Employee Signature _____ Date _____

(Employee signature indicates that the employee received a copy of this document)

Witness Signature _____ Date _____

(Required if employee refuses to sign)

Asst. Supt. Signature _____ Date _____

Superintendent Signature _____ Date _____