

EMPLOYMENT PRACTICES

CANUTILLO INDEPENDENT SCHOOL DISTRICT

**CONFERENCE REPORT
AT-WILL EMPLOYEES**

Please complete the following items as you attempt to remediate performance deficiencies of noncontractual (at-will) employees on your staff.

NAME _____ **DATE** _____

SCHOOL/DEPT _____ **ASSIGNMENT** _____

CONCERNS: _____

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

Supervisor's Action Taken:

- 1. [] Improvement Plan (Please attach.)
- 2. [] Counseling
- 3. [] Written Reprimand (Please attach.)
- 4. [] Recommendation is being made for further disciplinary action to be taken by the Superintendent.

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 _____