Time Start: _____: _____ AM PM

Time End: _____: _____ AM PM

# SANTA MARIA INDEPENDENT SCHOOL DISTRICT
## EMPLOYEE CONFERENCE

EMPLOYEE _____ DATE _____

Today a conference was held with the above named employee concerning the matters which are indicated. A summary of this conference is stated.

Those involved in the conference:

_____

_____

Reasons for the conference:

_____

_____

_____

Directions or suggestions:

_____

_____

_____

Employee's comments:

_____

_____

_____

*The employee's signature is only an indication that a conference was held.*

Employee Signature _____ Date _____

Administrator Signature _____ Date _____

**It is the policy of Santa Maria ISD not to discriminate on the basis of race, color, national origin, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended.**