Omaha Public Schools

Employee Consultation Conference

Employee's Name _____ Department/School _____

Job Title _____ Supervisor's Name _____

Conference Participants _____ Date _____

I. **Workplace behavior or management act to be reviewed**
(date(s) of each act, policy or procedure violated (if any) and how the workplace behavior or management act violate policy or procedures.)

II. Action Taken:

III. Employee Acknowledgement

Signature	Date

Failure to comply with the expectations, policy or procedure may result in further disciplinary action including termination of employment.

_____Verbal warning **____Working File** **____Written Reprimand** **____Personnel File (HR)**