



Flagler County Schools
Human Resources Department
Employee Conference Meeting Summary
Formal/Informal

Employee Name _____ Today's Date _____

Principal/Supervisor _____

Reason for Meeting:

Outcome of Meeting:

Members Present:

Employee Signature _____

By signing this form, the employee acknowledges receipt not necessarily agreement. Any disputes must be attached in writing and a copy of this form is to be placed in the employees' personnel file.

Supervisor/Principal Signature _____