**RECORD OF UNSATISFACTORY/ UNACCEPTABLE WORK PERFORMANCE MEETING**

|  |  |
| --- | --- |
| **Date and Time:** |  |
| **Present:** |  |
| **Employee Name** |  |
| **Name of Support Person:** |  |
| **Name of Manager:** |  |
| **Other:** |  |

**Reason for the Meeting:**

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| --- |
| *[Read out the charges on the notice sent to the employee and ask the employee to plead on each charge, either guilty or not guilty]* |
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**Employee response:**

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**Action:**

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**Next Meeting**

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
[Name]  
[Position Title]

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I have understood the matters discussed and the action required of me in the areas stipulated above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Support Person Signature