GORE BOARD OF EDUCAT	ION POLICY	DOCCA-E	
CONSULTATION WITH EMPLOYEE (PROVISIONS OF TLE SHALL BE INCLUDED AS PART OF THIS FORM)			
This is to confirm that(name of supervisor)			
(name of supervisor)			
counseled with(name	of employee)		
about			
and informed the above employee that the employee's failure to correct the conduct described above could result in disciplinary action.			
(date)			
(signature of supervisor)			
I hereby acknowledge that I was informed of the conduct and corrective action described above. I further acknow ledge receipt of a copy of this consultation notice.			
(date)			
(signature of employee)			
NOTE: FILE ORIGINAL IN EMPLOYEE'S PERSONNEL FILE			
Adoption Date: 2013	Revision Date(s):		Page 1 of 1