

RECORD OF ORAL DISCUSSION G-STEP 1

DATE :	TIME:	EMPLOYEE:
OFFICE/DEPARTMENT:		
IMMEDIATE SUPERVISOR:		AGENCY HEAD:

THE FOLLOWING MUST BE FILLED OUT BY THE IMMEDIATE SUPERVISOR:

SUBJECT OF PROBLEM: _____

_____ WHEN DID
 THE PROBLEM FIRST OCCUR: _____

ARE OTHER EMPLOYEES INVOLVED? _____ IF SO, WHO? _____

SUMMARY OF DISCUSSION: _____

ATTEMPTED RESOLUTION: _____

_____ <i>Employee's Signature</i>	DATE:
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(if an employee refuses to sign this record of discussion, place the notation "REFUSED" in the signature space)

_____ <i>Supervisor's Signature</i>	DATE:
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A COPY OF THIS DOCUMENT SHALL BE FILED WITH THE HUMAN RESOURCES DIRECTOR IF THE MATTER IS NOT RESOLVED AND A WRITTEN GRIEVANCE IS FILED.