



# *Initial Discussion*

Medical Care Program  
Southern California Region

**-Level 1 of the Corrective Action Process -**

Name of Employee:

Job Title:

Date of Meeting:

Name of Union Rep. (if applicable):

Representation refused: (please place ✓ if applicable): \_\_\_\_\_

***The purpose of the document is simply to recap the Initial Discussion. It is purely for informational purposes and will not be placed in an employee's Personnel File— although it may be kept in a separate, departmental file.***

This form is to be completed - whenever possible - with the consensus of all the parties.

**Issues Raised During the Meeting**

**Supervisor/Manager:**

**Employee (and, if applicable, Union Representative):**

**What are the expectations of everyone coming out of the meeting?**

Supervisor's/Manager's expectations:

Employee's expectations:

Union Representative' expectations (if applicable):

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# Initial Discussion Summary

## Agreed Upon Changes

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|--|
|  |
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## Next Steps and Time Line

| Follow Up Issues or Behavior: | Target Date | Who Will Follow Up |
|-------------------------------|-------------|--------------------|
| _____                         | _____       | _____              |
| _____                         | _____       | _____              |
| _____                         | _____       | _____              |

## Reconvening

The parties will meet on or about \_\_\_\_\_ to assess the progress of changes addressed during our discussion.

## Signatures

Supervisor \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(please print name) \_\_\_\_\_

Employee (optional) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(please print name) \_\_\_\_\_

Union Rep. (optional) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(please print name) \_\_\_\_\_

A copy of this document is to be given to the employee, Union Representative (if applicable), and kept by the supervisor.