



OFFICE OF

Congregational Vitality

Bump in the Road



Staff Name: _____ Date: _____

Other person involved _____

Submitted By: _____

Details of Incident

Suggestions for IMPROVEMENT

What was the impact of this incident to the person or co-worker?

What did you learn from this incident? _____

By signing this notice, I acknowledge I have been counseled regarding the above incident. This notice will be placed in my employee file and it will be taken under consideration during the evaluation of my performance.

Employee Signature

Date

Manager Signature

Date