

EMPLOYEE OBSERVATION RECORD

File: GCN-EE

Employee's Name _____

A. Date of Event _____ Date Event Recorded _____ Time _____

B. Place of Event _____

C. Persons Present _____

D. Event Observed _____

E. What Happened? _____

F. Administrator's Conclusions: _____

G. Administrator's Comments: _____

Employee's Signature

Administrator's Signature

Date of Signature _____

*Employee's Comments on Reverse Side