

Tool

Meeting Record

E/5.4.1.2

Employee name:		Date of discussion:					
Position:		Location of discussion:					
Team:							
Queensland Synod representatives present at discussion:							
Matters raised:							
Employee's response:							
This is a true and accurate statement of the discussion with the employee at the meeting in question.							
Name		Signature					
Name		Signature					
Provide a copy of this to the employee.							

Revisions

Document number		E/5.4.1.2				
Version	Approval date	Approved by	Effective date	Policy owner	Policy contact	
1.0	01.06.2018	ELT	01.06.2018	People and Culture	People and Culture Manager	
Next scheduled review		01.12.2021				

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