

**POSITIVE DISCIPLINE SYSTEM: SECOND DECISIONAL CONFERENCE**

Name: \_\_\_\_\_ Workday ID: \_\_\_\_\_ Date: \_\_\_\_\_

Department: \_\_\_\_\_ Title: \_\_\_\_\_

Date of Coaching Session/Disciplinary Meeting: \_\_\_\_\_

Date of First Decisional Conference: \_\_\_\_\_

**STEP 1: A.** The problem is again the employee's ongoing failure to live up to his or her agreement made during previous coaching sessions/disciplinary meetings. Describe the performance/ attendance/conduct failure in detail.

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**STEP 1: B.** What was the exact agreement you and the employee made in the disciplinary meetings? *[Attach additional page if needed.]*

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**STEP 2:** What are the consequences if the problem continues? Be logical.

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**STEP 3: A.** What appropriate action must the employee take to correct the problem?

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**STEP 3: B.** Do you, as the employee's supervisor, need to take action to correct the problem? If so, describe that action.

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**STEP 4:** What action(s) has the employee agreed to take to correct the problem?

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**STEP 5:** Review the University's Discipline Policy (PS-8) with the employee. Explain to the employee that this meeting is considered a Second Decisional Conference, which is the second formal step in the Positive Discipline System. Inform the employee of the importance of following departmental policies and procedures and meeting your expectations, since failure to do so could result in further disciplinary action up to and including termination.

**STEP 6:** Inform the employee if he/she disagrees with the facts presented in this letter, he/she has a right to write a rebuttal to the Human Resource Management Employee Relations Director [submit to 110 Thomas Boyd Hall] within seven (7) working days of receipt of this letter.

**STEP 7:** Inform employee you are confident he/she can meet departmental standards and the employee should let you know if he/she has any questions regarding this letter or your expectations of his/her performance

**STEP 8:** Set a date to review the employee's progress. Date of Review: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*[If required by department]*

Original Letter: Employee  
Copy: Supervisor/Manager's Personnel File  
Copy: Office of Human Resource Management, 110 Thomas Boyd Hall