

Informal Discussion Record

| Employee Name: | | | | |
|-------------------------------|--------------------|-----------------|--|--|
| Line Manager Name: | | | | |
| Date: | | | | |
| Note key points of discussion | on and any improve | ments required: | | |
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| Employee Signature: | | | | |
| ьтрюусс э гдпасиге. | | | | |
| Line Manager Signature: | | | | |