

OSSA Conference Summary

Employee Name:

Position:

Date of Observation or Data Review:

Site:

Check one: Probationary Year 1 Probationary Year 2 Permanent 60/90 Day Follow-Up

I acknowledge that this report has been discussed with me. I understand that my signature does not necessarily indicate agreement. I also understand that I have the right to respond to this report in writing within three (3) working days, and such response will be attached to and become a permanent part thereof.

_____ Evaluator's Signature	_____ Date	_____ OSSA Member Signature	_____ Date
_____ Evaluator's Printed Name	_____	_____	_____
_____ Evaluator's Title	_____	_____	_____