

FORM 2.3.2 MEETING MINUTES REVIEW

Staff Name: _____

Date of missed staff meeting: _____

Reason for absence:

Date minutes were reviewed: _____

Statement of understanding:

I _____ have read the minutes for the staff meeting that was held on the date indicated above and have understood all the information therein.

I acknowledge that it is my responsibility to follow up within two weeks with any training or instructions that were given during said staff meeting so my job performance is not negatively impacted.

Staff Signature: _____ Date: _____

Management Signature: _____ Date: _____

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