Reset Form

ETHICS CONFLICT RESOLUTION MONTHLY CONFLICT ANALYSIS MEETING

State Form 54327 (7-10)
DEPARTMENT OF CHILD SERVICES

INSTRUCTIONS: This form is for ethics conflict resolution purposes only. The Department of Child Services (DCS) employee and his or her Supervisor / Work Unit Manager must meet each month until completion of the internship or practicum. The DCS employee and his or her Supervisor / Work Unit Manager should initial and date this form after each meeting. Signatures should be provided after the completion of the last meeting. The DCS employee's Supervisor / Work Unit Manager must maintain this form until completion and then submit to human resources to be placed in the employee's personnel file.

Name of DCS Employee

Name of DCS supervisor / work unit manager

Monthly Update
The following monthly conflict analysis meeting took place between the above named DCS employee and Supervisor / Work Unit Manager on:

Date	Employee Initial	Supervisor / Work Unit Manager Initial
January _____, 20_____		
February _____, 20_____		
March _____, 20_____		
April _____, 20_____		
May _____, 20_____		
June _____, 20_____		
July _____, 20_____		
August _____, 20_____		
September _____, 20_____		
October _____, 20_____		
November _____, 20_____		
December _____, 20_____		

Signature of DCS employee	Date *(month, day, year)*

Signature of DCS supervisor / work unit manager	Date *(month, day, year)*