



Meeting With Individual Custodian

Name: _____

Date: _____

Location: _____

Team A: _____ Team B: _____

Full Time Custodian: _____

Casual Custodian: _____

Attendee(s): _____

Please initial next to the position(s) that may be of interest to you.

- Work With Custodial Services Contractor _____
- ACPS Bus Driver _____
- ACPS Bus Monitor _____
- ACPS Paraprofessional _____
- ACPS School Nutrition Associate I _____
- ACPS Security Staff _____

I am comfortable with the attendee(s) being present in the meeting during the discussion of my severance package if it applies to me and EAP support if the attendee(s) sign confidentiality statement(s).

Name: _____

Please Print

Signature: _____

Date: _____