

Progressive Discipline Program



Employee Information

Employee Name: _____ Time: AM PM Date: _____

Location of Offense: _____

Nature of Offense: _____

Which policy or rule was not followed? _____

Time of Offense: AM PM Date of Offense: _____

- Verbal Warning
- Written Warning
- Suspension
- Termination

*To be completed if verbal warning has already been given

Employee rebuttal or explanation of exentuating circumstances: _____

Goals for changing employee's behavior and time frame in which to complete those goals: _____

Additional Comments _____

Supervisor Signature: _____

Employee Signature: _____

*(*If verbal warning has already been given)*