

# 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)*