



DePaul University
Human Resources

Progressive Disciplinary Action Form

Please review the Progressive Discipline Policy prior to issuing any Progressive Discipline counseling. The policy can be found at: policies.depaul.edu

Date: _____	Empl ID#: _____
Employee Name: _____	Hire Date: _____
Department: _____	Dept. Manager: _____

Action Taken
(Check One)

Date of Counseling: _____

Verbal Written Counseling (For departmental use only, not to be included in Personnel Record)

Written Counseling

Final Written Counseling

Addendum to Counseling

Performance Improvement Plan

(Include attachment(s) for explanation and condition of above actions)

Reason for counseling:

Prior discussion or counseling issued (indicate oral/ written and date of issue):

Employee Comments/Remarks:

Employees please note: Failure to improve conduct and/or performance, or further violations of policy will result in additional disciplinary action up to and including discharge. Signing this counseling form does not necessarily indicate your agreement with this record but indicates that it has been reviewed with you.

Employee Signature _____ Date _____

Manager's Signature _____ Date _____

Date HR Received _____

Revised: 11/24/14