



Progressive Discipline Program Form

Employee name: _____ Time: _____ Date: _____

Location of offense: _____

Nature of offense: _____

Which policy or rule was not followed? _____

Time of offense: _____ Date of offense: _____

Verbal warning

Written warning

Suspension

Termination

*To be completed if verbal warning has already been given.

Employee rebuttal or explanation of extenuating circumstances: _____

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

Additional comments: _____

Supervisor signature: _____

Employee signature (If verbal has already been given): _____