



# 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): \_\_\_\_\_