

St. Elizabeth Ann Seton- Progressive Discipline Form
Record of Corrective Action and/or Communication of Expectation

Employee Name

Position/Title

Location

Date

Corrective Action Taken

Effective 6 months

Verbal Notice

1st Written Warning

2nd Written Warning with Suspension: ____ Days paid or unpaid

Recommend Termination

Action/Behavior to be addressed: (Provide an accurate statement of what happened including time, date and explain how this interferes with work environment, business operations, customer expectations or general team's well being.)

Corrective Action Plan

Expectation

Date to be achieved

Continued violation or failure to improve performance will result in further corrective action up to and including termination of employment.

Employee Comment:

Employee Signature

Date

Supervisor Signature

Date

- I understand that my signature indicates only that this incident has been reviewed with me and does not indicate agreement or disagreement with the action taken.