

## PROGRESSIVE DISCIPLINE ACTION FORM

### Employee Information

Employee Name:

Date:

Position Title:

Classification:

District:

County/Program:

Progressive Disciplinary Action:

Action Type:

The purpose of this progressive discipline action form is to provide a structured corrective action process to improve and prevent the recurrence of undesirable behavior and/or performance issues.

### Previous Performance/Misconduct

Please include all pertinent information including dates, all involving parties, supporting documentation, etc.

### Current Performance/Misconduct:

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Positive Corrective Action Required:

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Consequence(s):

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Feedback Session Scheduled For:

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### Acknowledgement

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I acknowledge receipt of this progressive action form and understand the content and requirements as outlined. A copy of this progressive disciplinary action form will be placed in my employee file.

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Employee's Signature:

Date:

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Supervisor's/Manager's Signature:

Date:

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