

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:

Positive Corrective Action Required:

Consequence(s):

Feedback Session Scheduled For:

Acknowledgement

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.

Employee's Signature:

Date:

Supervisor's/Manager's Signature:

Date:
