

Progressive Discipline Action Sheet

Employee Name:

Employee ID:

Department:

Job Title:

Supervisor:

Date:

Type of Discipline

<input type="checkbox"/> Verbal Warning	<input type="checkbox"/> Written Warning	<input type="checkbox"/> Suspension	<input type="checkbox"/> Termination
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Description of Infraction/Issue

Previous Action(s) Taken (if any)

Employee Response

Action Plan/Corrective Measures

Supervisor Signature:

Date:

Employee Signature:

Date: