

Eastern Michigan University

Progressive Discipline Notification Form

Employee Name: _____ Department: _____

Job Title: _____ Date of Hire: _____

Name of Supervisor Completing Form: _____

Level of Progressive Discipline:

Verbal Warning/Counseling

Suspension for _____ days

Written Warning

Termination

Reason for progressive discipline (be specific, giving dates and times of incidents and list any dates of previous counseling sessions. Remember to state only the facts pertaining to this situation).

Corrective action to be taken:

It is expected that the condition noted above will be corrected immediately. In the event this condition is not corrected, or another offense occurs, you will be subject to further disciplinary action, up to and including termination.

Your signature is intended only to acknowledge receipt of this notice; it does not imply agreement or disagreement with the notice itself.

Employee Signature

Date

Supervisor Signature

Date