



Progressive Action Form

Name of Facility/Home: LHV/ Woodland Date: 1/22/21

Employee Name: Samantha Belmans Position: DSP

Person Filling Out Form: Department Head/Director ROD Home Manager Level 6

Nature of Violation: Based on the seriousness of the offense indicated below, any of the following could result in immediate suspension.

Recipient Rights / Licensing Investigation # _____

- | | |
|--|--|
| <input type="checkbox"/> Absenteeism | <input type="checkbox"/> Refusing work assignment |
| <input type="checkbox"/> Tardiness | <input type="checkbox"/> Not following work schedule |
| <input type="checkbox"/> Insubordination | <input type="checkbox"/> Insubordination to management |
| <input checked="" type="checkbox"/> Violation of time sheet procedures | <input type="checkbox"/> Failure to assist resident/agency |
| <input type="checkbox"/> Disregard of company policies | <input type="checkbox"/> Misuse or abuse of company property |
| <input type="checkbox"/> Sleeping on the job | <input type="checkbox"/> Theft of any kind |
| <input checked="" type="checkbox"/> Leaving work without approval | <input type="checkbox"/> Violation of drug and substance policy |
| <input type="checkbox"/> Not following safety procedures | <input type="checkbox"/> Violation of data processing security agreement |
| <input type="checkbox"/> Inappropriate dress for job | <input type="checkbox"/> Other: _____ |

Details of Incident: Briefly describe what happened below.

Date: 1/22/21 Time: 8:30pm Place: Woodland

People Involved: _____

If Medical Error(s): Type: _____ Level: _____ Occurrence: 1st 2nd 3rd

If Absenteeism: Occurrence: 1st 2nd 3rd in the last year

If Tardiness: Occurrence: 1st 2nd 3rd in the last year

Number of Other Progressive Actions in the last year: 0

_____ Discussion Only Verbal _____ Written _____ Suspension

Please Explain What Occurred:

Not completing documentation prior to leaving shift.
Also not getting permission to leave before scheduled
time.
- Missing ER, 3 PCP notes & 2 Daily Care logs

Action Taken by (if applicable): _____

Daniel Gace
Preparer's Signature

1/28/21
Date Given to Manager



Progressive Action Form

FOR MANAGER USE ONLY:

Employee Statement:

"Was Pamela's responsibility"

Action Taken by Manager: Verbal Written Suspension Termination

I understand that this Disciplinary Record is part of my Employee File and may be divulged to the State of Michigan Human Services Licensing Division and/or Office of Recipient Rights at any time relative to their inquiries or investigation. I also have been notified of and supplied with information regarding the Bullard-Plawecki Right to Know Act.

Employee Signature

[Handwritten signature]

Manager Signature

Date

1/28/21

Date

~~XSB~~ Employee's initials if employee refused to sign