



Progressive Action Form

Name of Facility/Home: Meadowland Date: 2/22/21

Employee Name: Hadassah Osegueda Position: DSP

Person Filling Out Form: [ ] Department Head/Director [ ] ROD [x] 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 #

- Violations list including Absenteeism, Tardiness, Insubordination, etc.

Details of Incident: Briefly describe what happened below.

Date: 2/22/21 Time: 8:00 am Place: Meadowland

People Involved: HO

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

If Absenteeism: Occurrence: [ ] 1st [x] 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: 1

Discussion Only [ ] Verbal [ ] Written [x] Suspension [ ]

Please Explain What Occurred:

Hadassah did not show up for her scheduled shift on 2/22/21. All attempts to contact her failed and Hadassah did not contact me until 2/25 after 4:pm to inquire as to whether or not she could work on 2/26

Action Taken by (if applicable):

Laura Weber Preparer's Signature

2/22/21 Date Given to Manager



Progressive Action Form

**FOR MANAGER USE ONLY:**

Employee Statement:

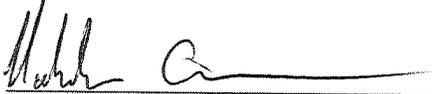
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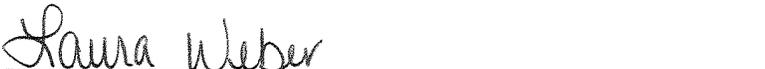
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Action Taken by Manager:  Verbal  Written  Suspension  Termination

*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

2-26-21  
Date

  
Manager Signature

2/26/21  
Date

\_\_\_\_\_ Employee's initials if employee refused to sign