



Progressive Action Form

Name of Facility/Home: _____ Date: _____

Employee Name: _____ Position: _____

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 # _____

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

Details of Incident: Briefly describe what happened below.

Date: _____ Time: _____ Place: _____

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: _____

_____ Discussion Only _____ Verbal _____ Written _____ Suspension

Please Explain What Occurred:

Action Taken by (if applicable): _____

Kimberly Howard

Preparer's Signature

Date Given to Manager



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FOR MANAGER USE ONLY:

Employee Statement:

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

Kimberly Howard

Manager Signature

Date

Date

_____ Employee's initials if employee refused to sign