



Progressive Action Form

Name of Facility/Home: LHV/ Woodland Date: 3/15/21

Employee Name: Pam Johnson 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 type="checkbox"/> Violation of time sheet procedures       | <input type="checkbox"/> Failure to assist resident/agency               |
| <input checked="" 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 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 checked="" type="checkbox"/> Other: <u>Dignity &amp; Respect</u>  |

**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: 2

\_\_\_\_\_ Discussion Only \_\_\_\_\_ Verbal \_\_\_\_\_ Written  Suspension

Please Explain What Occurred:

Pam was substantiated by Recipient Rights for Dignity and Respect.

Action Taken by (if applicable): 1 day suspension

Danell Race  
Preparer's Signature

3/15/21  
Date Given to Manager



Progressive Action Form

**FOR MANAGER USE ONLY:**

Employee Statement:

I gave christina marr her medication I dont feel like I did anything wrong. I

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

Date

PS Employee's initials if employee refused to sign