



Progressive Action Form

Name of Facility/Home: ~~Lake Orion~~ Clarkston Date: 3/11/21

Employee Name: Kennedy Campbell 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 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 checked="" 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: 2/28/21 Time: 3:00pm Place: Clarkston

People Involved: Chloe Baxter

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:
left sharp in kitchen sink

Action Taken by (if applicable): _____

[Signature]
Preparer's Signature

3/11/21
Date Given to Manager



Progressive Action Form

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.

Kennedy L. Campbell
Employee Signature

3/1/21
Date

[Signature]
Manager Signature

3/1/21
Date

Employee's initials if employee refused to sign