



Progressive Action Form

Name of Facility/Home: Mt. Pleasant Date: 3/27/2021

Employee Name: Wilhelmina Rice 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: 3/26/2021 Time: 9:00AM Place:

People Involved: Wilhelmina Rice

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

If Absenteeism: Occurrence: [x] 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 X Written Suspension

Please Explain What Occurred:

On 3/26/2021 Wilhelmina did not come into work and did not find coverage.

Action Taken by (if applicable):

Preparer's Signature

Date Given to Manager 3/27/21



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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.

Wilhelms LIA
Employee Signature

4/8/21
Date

[Signature]
Manager Signature

3/27/21
Date

____ Employee's initials if employee refused to sign