



Progressive Action Form

Name of Facility/Home: Hartford Date: 4/13/2021

Employee Name: Alex Cook 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 checked="" 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 type="checkbox"/> Other: _____                                    |

**Details of Incident:** Briefly describe what happened below.

Date: 4/13/2021 Time: 8:00AM Place: Living Room

People Involved: Alex Cook

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:

I have recieved many complaints of you sleeping during your scheduled shift. It is imformed that you are showing negligence in performinnng you daily tasks. This is an act that simply can not be displayed in the workplace.

Action Taken by (if applicable): \_\_\_\_\_

Crystal Jennings  
Preparer's Signature

4/13/2021  
Date Given to Manager



**BEACON**  
Specialized Living

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.*

*Alex Cook*

Employee Signature

*4-13-21*

Date

*Crystal Jennings*

Manager Signature

*4/13/2021*

Date

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