DEPAUL UNIVERSITY
OFFICE OF HUMAN RESOURCES

# Progressive Disciplinary Action Form

**Please review the Progressive Discipline Policy prior to issuing any Progressive Discipline counseling**

**General Mailbox:** EmployeeRelations@depaul.edu **Phone:** (312) 362-7182 **Fax:** (312) 476-3232

**Date:** _____ **Empl ID#:** _____ **Employee Name**_____

**Hire Date:** _____ **Department:** _____

**Dept. Manager:** _____ **Manager ID:** _____

Date of Counseling: _____ Choose one

**Reason for counseling: (Please attach additional documentation for further explanation)**

**Prior discussion or counseling issued (indicate oral/ written and date of issue):**

**Employee Comments/Remarks: Employee may attach additional documentation**

**Employees please note: Failure to improve conduct and/or performance, or further violations of policy will result in additional disciplinary action up to and including discharge. Signing this counseling form does not necessarily indicate your agreement with this record but indicates that it has been reviewed with you.**

_____ _____
**Employee Signature** **Date**

_____ _____
**Manager's Signature** **Date**

_____
**Date HR Received**