DEPAUL UNIVERSITY
OFFICE OF STUDENT EMPLOYMENT

DePaul University
Office of Student Employment
Progressive Disciplinary Action Form

Date:		Employee Name:		Date of Hire:	
Department:			Employee ID#:		
Manager Name:			Manager ID#:		

Action Taken

Date of Counseling:

- ◯ **Verbal Counseling** (For departmental use only, not to be included in Personnel Record)
- ◯ **Written Counseling** (Manager should consult with Office of Student Employment prior to written counseling)
- ◯ **Final Written Counseling** (Manager should consult with Office of Student Employment prior to final written counseling)
- ◯ **Addendum to Counseling** *(Include attachment(s) for explanation and condition of above actions)*

Reason for Counseling:

Recommendation For Improvement:

Action Taken:

Employee Comments/Remarks:

Employee note: Failure to improve conduct and/or further violation of policy will result in additional disciplinary action, up to and including discharge. Signing this counseling form does not indicate your agreement with this record but indicates that you have reviewed the content herein.

Employee Signature Date

Manager Signature Date

OSE Signature Date
(*Required for all written and final counseling forms)

Please send the completed form to the Office of Student Employment at DPC 9400 (Loop) or SAC 192 (Lincoln Park)