

DePaul University
Office of Student Employment
Progressive Disciplinary Action Form

Date:	<input style="width: 90%;" type="text"/>	Employee Name:	<input style="width: 95%;" type="text"/>	Date of Hire:	<input style="width: 95%;" type="text"/>
Department:	<input style="width: 100%;" type="text"/>		Employee ID#:	<input style="width: 100%;" type="text"/>	
Manager Name:	<input style="width: 100%;" type="text"/>		Manager ID#:	<input style="width: 100%;" type="text"/>	

Action Taken

Date of Counseling:	<input style="width: 60%;" type="text"/>
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:

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Recommendation For Improvement:

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Action Taken:

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Employee Comments/Remarks:

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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)