DePaul University
Human Resources
Progressive Disciplinary Action Form

Please review the Progressive Discipline Policy prior to issuing any Progressive Discipline counseling. The policy can be found at: policies.depaul.edu

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

Revised: 3/31/15