

Date:

To:	Department:
Disciplinary Action:	<input type="checkbox"/> Initial Counseling (Oral Warning)*
	<input type="checkbox"/> Written Counseling/Warning
	<input type="checkbox"/> Written Warning & Suspension/Other Actions
	<input type="checkbox"/> Termination
What number of disciplinary Action is this offense?	<input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd

Your performance has been found unsatisfactory for the reason(s) set forth below. Your failure to improve or avoid a recurrence will be cause for further disciplinary action in accordance with the CSEA contract for Progressive Discipline.

Details of unacceptable conduct/behavior:

Agreed-upon improvement plan:

Date of next meeting for follow-up:

- If applicable:** I have informed the employee of the Family Medical Leave Act (FMLA)
- I have informed the employee of Employee Assistance Program (EAP)
- I have informed the employee to contact the Office of Human Resources for further assistance that may be available.

Delivery method of this form to the above employee:

Personally delivered by: _____ (Signature) _____ (Date)

Mailed (Certified & Regular)

I acknowledge that I have received and read this notice. I have been informed that a copy of this notice will be placed in my personnel file in Human Resources (except in the case of initial counseling/oral warning). I have utilized the right of a representative during this meeting:

YES NO

_____ (Employee Signature)	_____ (Date)
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*Completion of this form for Initial Counseling/Oral Warning shall serve as documentation only and should not be filed in the employee's personnel file unless the matter proceeds to the Written Warning step of progressive discipline.