

## **Progressive Discipline Action**

Employee			
Name		Department	
Initial Counseling Suspension			
Your performance has been to improve will be cause for			below. Your failure
Details:			
Agreed-upon improvement բ	olan:		
Date of next meeting for foll	ow-up:		
			Supervisor / Date
			Employee / Date
I have received and read this will be placed in my personn	<del>-</del>		ppy of this notice