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| Employee Name: |  | Date: |  |
|  |
| Position Title: |  |
|  |
| Department: |  |
|  |
| Supervisor: |  | Position Hire Date: |  |
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| ***consult with your Human Resources representative before completing***Previous Discipline Steps:[ ]  Written Warning[ ]  Suspension [ ]  Final Warning***Progressive Discipline Step -*** *Select from the options below:*[ ]  Verbal Warning [ ]  Written Warning[ ]  Final Written Warning [ ]  Suspension [ ]  *Without pay*  [ ]  *With pay*  Suspension Date: \_\_\_\_\_\_\_\_\_\_ Return Date: \_\_\_\_\_\_\_\_\_\_ [ ]  Termination - Date of Separation: \_\_\_\_\_\_\_\_\_\_ |
| ***Type of Infraction***[ ]  Attendance/Absenteeism [ ]  Conduct[ ]  Insubordination [ ]  Policy and/or Procedure Violation[ ]  Safety Violation [ ]  Unsatisfactory Performance (Must Complete PIP - see HR)[ ]  Other:  |
| Description of Incident or Issues (include examples and dates, as well as attach documentation and previous warnings). What happened? Who was impacted? What was the impact? What are the expectations going forward? |
| Correction Required: Follow- up Date: ­­­­­­­\_\_\_\_\_\_\_\_\_\_ |
| Was this a policy or rule violation? Yes [ ]  No [ ]  If yes, what is the policy or rule? |
| Actions to be taken if issue is not corrected:  |

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| --- |
| Employee Comments:  |

Some performance/behavioral issues warrant skipping steps in the process, the *“University reserves the right to immediately terminate an employee or skip any step(s) in the progressive discipline process,”* as outlined in the Employee handbook, located at: <https://www.purdue.edu/faculty_staff_handbook/disciplinary-guidelines.php>.

***I understand that my signature******does not necessarily indicate agreement*** and I understand further disciplinary action, up to and including termination, will be taken for continued offenses of this or any conduct of a similar nature as outlined under the University’s Progressive Discipline Policy. I acknowledge by my signature that I have read this notice and have discussed its contents with my supervisor.

Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cc: Supervisor

Cc: Human Resources