



# SIMPSON COUNTY BOARD OF EDUCATION

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FRANKLIN, KENTUCKY 42135-0467

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SUPERINTENDENT

## Progressive Disciplinary Notice/Corrective Action

This is necessary when an employee's behavior is negatively impacting his or her work, his or her coworkers' work, or the workplace. This disciplinary form documents the discipline. This disciplinary form also documents and records the coaching or counseling discussion that accompanied the discipline warning.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Location/Depart: \_\_\_\_\_

Reason for Disciplinary Action: *(Check all that apply).*

\_\_\_\_ Quality      \_\_\_\_ Safety      \_\_\_\_ Conduct  
\_\_\_\_ Attendance      \_\_\_\_ Insubordination      \_\_\_\_ Housekeeping  
\_\_\_\_ Other (please specify) \_\_\_\_\_

You are receiving this disciplinary warning because of the following actions. (Describe in detail in behavioral terms.)

Unless this problem is corrected, further disciplinary action will be taken; up to and including the termination of your employment. **(Check the appropriate step in the progressive discipline policy.)**

Step 1 \_\_\_\_\_ Verbal Warning @ Warning Conference

Step 2 \_\_\_\_\_ Verbal Warning with Written Notice

Step 3 \_\_\_\_\_ Written Warning with Probation

**Step 4 \_\_\_\_\_** Written Warning with Notice of possible Suspension/Separation /Non-renewal

Step 5 \_\_\_\_\_ Recommendation for Separation

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have received this disciplinary action and understand that unless this problem is corrected, further disciplinary action will be taken up to and including the termination of my employment.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR Signature: \_\_\_\_\_ (optional) Date: \_\_\_\_\_

### **Corrective Action Plan**

Describe the behavior that caused the need for this disciplinary action.

Describe the outcome or result of this behavior. (How is productivity affected; work impacted; employees affected or inconvenienced; cost impacted as a result of the behavior, etc.)

Describe the desired behavior.

Employee Statement. (Describe any assistance needed to improve)

Next Meeting scheduled \_\_\_\_\_ @ which time said behavior will be revisited.

### Corrective Action Plan Committee Meeting

Employee's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Committee Members Present:

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Notes from meeting:

*(notes continued)*

Next Meeting Scheduled for \_\_\_\_\_

I hereby acknowledge that these notes are reflective of the discussion from the meeting today.

Employee's Signature & Date: \_\_\_\_\_

Manager's Signature & Date: \_\_\_\_\_