INNOVATIVE
EMPLOYER SOLUTIONS
INTEGRATED BUSINESS SERVICES

PROGRESSIVE ACTION PLAN

Employee Name: _____ Date of Notice: _____

Worksite Employer_____

Nature of Incident: **Please check all that apply**

O Excessive Lateness
O Excessive Absenteeism
O Inferior Job Performance
O Insubordination
O Alcohol or Drug Related
O Destruction of Property
O Violence Related
O Improper Conduct
O Harassment
O Violation of Policy
O Poor Job Attitude
O Other _____

Description of Incident: Date of Incident: _____ Time _____ AM/PM

Employer Description:

_____
_____
_____
_____
_____
_____

Employee Comments:

_____
_____
_____
_____
_____

Consequences of Incident: **Please check one:**

O Warning # _____ **O** Suspension **O** Final Warning **O** Dismissal **O** Other

Plan for Improvement: _____
_____
_____
_____

I have read and understand the terms of this notice.

_____	_____	_____
Employee Signature	Position	Date
_____	_____	_____
Supervisor/ Manager Signature	Position	Date

2836 5th Avenue North, Suite 101, St. Petersburg, FL 33713 (727) 323-7979 Office
***** Please fax this form to Innovative at (727) 323-7999 for our records. *****