

PROGRESSIVE COUNSELING FORM
CINCINNATI PUBLIC SCHOOLS
Student Dining Services

Employee : _____ Title: _____ School: _____

Date of Progressive Counseling Form Discussion: ____/____/____

Counseling Classification:

_____ Performance Category

_____ Attendance Category

_____ Safety Category

_____ Incompetency in Quality of Work,
Dependability, and/or Knowledge

_____ Excessive Absenteeism

_____ Substance Abuse

_____ Inefficiency in Quantity of Work
and/or Learning Ability

_____ Violation of Board Policy/BOFS
Policies/Federal, State, Local Laws

_____ Poor Work Habits

_____ Dishonesty

_____ Other

_____ Poor Personal Fitness

_____ Insubordination/ Poor Attitude

_____ Violation of Board Policy/BOFS
Policies/Federal, State, Local Laws

_____ Neglect of Duty or Supervisory
Duties

_____ Other

_____ Failure of Good
Behavior/Promoter of Positive Human
Relations

Statement of Problem:

Previous Counseling Form Discussions:

_____ None

_____ Previous warning or discussions and/or progressive counseling

Date

Details

Expectations of Improvement: (attach additional information if necessary)

Signature of Manager: _____ Date: _____

Signature of Employee: _____ Date: _____

To the Employee: Your signature is requested here only as an indication that you have seen this reprimand. Your signature is not intended to imply that you agree with the reprimand.