

EMPLOYEE WRITTEN REPRIMAND

Employee Name _____

Employee ID _____

Employee Title _____

1. The problem to be corrected, the standard to be met, or the rule, policy or procedure that has been violated:

2. Remedial action expected to correct the problem or behavior (with timetable):

Due Date: _____

Due Date: _____

Due Date: _____

3. Previous reprimands or disciplinary measures (if any):

4. Consequences in the absence of improvement:

Further disciplinary action up to and including termination of employment.

APPROVALS:

Supervisor Signature

Date

Print Supervisor Name

Supervisor Title

Department Head Signature

Date

Print Department Head Name

Employee Relations Officer or Designee

EMPLOYEE ACKNOWLEDGEMENT: If you disagree with the cause or content of this written reprimand, you may direct your concerns in writing to your second level supervisor within ten (10) working days of this written reprimand in accordance with P.S.02.B.01, Staff Grievance Policy.

By signing this document, you acknowledge receipt of this notice and the resulting disciplinary action; however, your signature does not necessarily indicate that you agree with its content.

Employee Signature

Date