

# EMPLOYEE REPRIMAND

## EMPLOYEE INFORMATION

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

Employee ID #: \_\_\_\_\_ Issuing Supervisor: \_\_\_\_\_

## VIOLATION DESCRIPTION

Place of Violation: \_\_\_\_\_ Date of Violation: \_\_\_\_\_

Description of Violation (attach additional pages if needed):

## DISCIPLINARY ACTION

### Disciplinary Action Taken:

- |  |   |
|--|---|
| <input type="checkbox"/> Administrative leave with pay for ____ days | <input type="checkbox"/> Recommendation for termination |
| <input type="checkbox"/> Sent home with pay                          | <input type="checkbox"/> Other: _____                   |
| <input type="checkbox"/> Suspension without pay for ____ days        | <input type="checkbox"/> None                           |

Effective Date of Disciplinary Action: \_\_\_\_\_

## CORRECTIVE ACTIONS

The following corrective actions must be taken by the employee. Failure to do so will result in further disciplinary action, up to and including termination:

## ACKNOWLEDGMENT

By signing below, I, \_\_\_\_\_, acknowledge that I have read and understood the contents of this Employee Reprimand Form.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

☐ Employee refused to sign this form and all attached documentation.