| a new state of mind

ORAL REPRIMAND

LAST NAME		**FIRST NAME**		**MI**	
EMPLOYEE ID#		**DEPARTMENT**			

REASON(S) FOR ORAL REPRIMAND:

DETAILS OF THE OFFENSE(S) (*Include dates and nature of any prior counseling or reprimands, if applicable.)*

RECOMMENDED IMPROVEMENTS:

CONSEQUENCES OF FUTURE VIOLATIONS:

SUPERVISOR SIGNATURE		**DATE**	
My signature indicates that I have received and understand this Oral Reprimand **EMPLOYEE SIGNATURE**		**DATE**	
Employee Refused to Sign **WITNESS SIGNATURE**		**DATE**	