



WRITTEN REPRIMAND

LAST NAME		FIRST NAME		MI
EMPLOYEE ID#	DEPARTMENT			
REASON(S) FOR WRITTEN 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	
<i>My signature indicates that I have received and understand this Written Reprimand</i>				
EMPLOYEE SIGNATURE			DATE	
<i>Employee Refused to Sign</i>				
WITNESS SIGNATURE			DATE	