

Employee Reprimand

Employee	Work Location	Date of Discipline Action Given
Employee ID # (if any)	Date of Occurrence	Issuing Supervisor

Violation Statement

Place of Violation: _____

Date of Violation: _____

Description of Violation: _____

Disciplinary Action

- Administrative Leave w/Pay - Recommendation for Termination
- Sent Home w/Pay - Suspension Without Pay ____ Days
- None - Other _____

Corrective Actions

Description of Corrective Actions to be Taken:

- I have read this Notice of Discipline and understand it.

Employee's Signature Print Name Date

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

Supervisor's Signature Print Name Date

