EMPLOYEE REPRIMAND FORM

Employee Name:	Employee Title: _			
Supervisor Name:	Supervisor Title:			
Reprimand Date:	_			
considered as a written warning	•	formance listed below. It should also be ar conduct may be grounds for further sal.		
	y, it is expected that you adhere t vior is unacceptable and has caus	o our policies and exhibit professional sed disruption in the workplace.		
Please be aware that this reprint foreseeable future.	nand will be placed in your persor	nnel file and will remain there for the		
Reasons for Reprimand:				
☐ Absence/Tardiness	☐ Inappropriate Conduct	□ Poor Performance		
□ Violence	☐ Violation of Company Policy	☐ Harassment		
□ Falsification of Documents/Records □ Misuse of Equipment				
□ Other:				
Disciplinary Action Taken:				
☐ Verbal Warning	☐ Written Warning ☐	Suspension without Pay		
☐ Termination ☐ Othe	or:			
Date of Incident:				
Description of Incident:				



Violated Policies:			
Previous misconduct and	l/or warnings associated witl	n the incident:	
Correction Plan to be Tak	cen:		
to performing any required	oy acknowledge taking delivery corrective actions indicated ab vance procedure. I may also su	ove. I understand that	I have the right to appeal
Employee Signature	Employee Name	 Date	
Supervisor Signature	Supervisor Name	Date	

