

**NOTICE OF EMPLOYEE REPRIMAND
UNIVERSITY OF CENTRAL MISSOURI**

NOTE: To insure prompt, uniform, and equitable discipline for all employees, please complete this form and return to the Office of Human Resources within three (3) business days.

EMPLOYEE'S NAME:		CLASSIFICATION/GRADE:
DEPARTMENT/SHOP:		DATE ISSUED:
DATE OF OCCURRENCE:	TIME OF OCCURRENCE:	LOCATION:

Facts of Incident:

Witnesses of Incident: _____

Past Disciplinary Action:

Date:	Details:	Written Report Prepared:	
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No
_____	_____	Yes	No

PRINT NAME OF IMMEDIATE SUPERVISOR PREPARING THIS REPORT:	RECOMMENDED ACTION:	
SUPERVISOR'S SIGNATURE:	DATE:	

Employee's Statement Regarding Facts of Incident:

EMPLOYEE'S SIGNATURE:	DATE:
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____ Verbal-For documentation purposes only. (No approval required. **Do Not** forward to HR)
 ____ Approved
 ____ Disapproved ____ Recommended Action:

DEAN/DIRECTOR/DEPARTMENT HEAD'S SIGNATURE:	TITLE:	DATE:
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Complete Immediately and Forward within three (3) business days to: Director of Human Resources, Adm. 101

Disciplinary Action Administered:
 ____ Approve Supervisor's Recommendation
 ____ Approve Dean/Director/Department Head's Recommendation
 ____ Other Action:

DIRECTOR OF HUMAN RESOURCES SIGNATURE:	DATE:
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DISTRIBUTION: Original – Employee; Copies – Employee's Personnel File, Supervisor, Dean/Director/Department Head