

## ORAL REPRIMAND

LAST NAME				FIRST NAME		MI	
<b>EMPLOYEE ID</b>	#		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:							
SUPERVISORS			. 1		DATE		
My signature ind and understand th	icates tha his Oral I	u 1 nave receive Reprimand	ea				
<b>EMPLOYEE SIG</b>	GNATUI	RE			DATE		
Employee Refuse							
WITNESS SIGN	ATURE	1			DATE		