



Reprimand

Employee Information

Employee Name: _____ Date: _____
 Employee UIN: _____ Job Title: _____
 Supervisor Name: _____ HSC Unit/Department: _____

Type of Offense

- | | | |
|--|---|--|
| <input type="checkbox"/> Tardiness/Leaving Early | <input type="checkbox"/> Misuse/Abuse of Sick Leave | <input type="checkbox"/> Violation of Company Policies |
| <input type="checkbox"/> Substandard Work | <input type="checkbox"/> Time Abuse (LeaveTraq) | <input type="checkbox"/> Rudeness to Customers/Coworkers |
| <input type="checkbox"/> Other: _____ | | |

Details

Description of Infraction:

Plan for Improvement:

Consequences of Further Infractions:

Acknowledgement of Receipt

*By signing this form, you confirm that you and your manager have discussed the reprimand and a plan for improvement, and that you understand the information in this reprimand. **Signing this form does not indicate your agreement with the reprimand.***

Employee Signature

Date

Manager Signature

Date

Witness Signature (if employee understands warning but refuses to sign)

Date

Provide copy of completed form to employee. Original is to be retained in employee's personnel file.