

Written Reprimand
1290PE COVERED EMPLOYEES ONLY

EMPLOYEE _____ DEPARTMENT _____
EMPLOYEE ID # _____ NON-PROBATIONARY ☐ PROBATIONARY ☐
POSITION _____ DATE/LOCATION OF COUNSELING _____

SUPERVISOR'S REPORT OF CIRCUMSTANCES REQUIRING CORRECTIVE ACTION

1. Describe the nature of the problem/situation.
2. If the employee has previously been counseled especially concerning similar matters, attach copies of the prior record of actions taken. If these actions were not documented, describe here what the actions were, the dates or approximate dates that the incident(s) occurred, and any other pertinent facts.
3. What comments were given by the employee to explain his/her viewpoint on the problem/situation described above?
(Allow 48 hours for employee response and attach if submitted.)
4. Describe what the employee needs to do to improve.
5. Date/Location follow-up counseling session if applicable.

EMPLOYEE IS HEREBY ADVISED THAT FAILURE TO SHOW IMPROVEMENT MAY BE GROUNDS FOR FURTHER DISCIPLINARY ACTION, INCLUDING THE POSSIBILITY OF SUSPENSION, DEMOTION OR DISMISSAL.

6. SUPERVISOR _____ Date _____
WITNESS _____ Date _____
(REQUIRED IF EMPLOYEE REFUSES TO SIGN)

"I have read this report (or this report has been read to me) and I have discussed it with my supervisor."

THE EMPLOYEE MAY CONTACT HR WITHIN SEVEN (7) DAYS TO APPEAL THIS ACTION IF DESIRED.

"The employee named herein is aware of this report and has been counseled about it by the supervisor whose signature appears above."

EMPLOYEE'S SIGNATURE

Date

DEPT. HEAD OR DESIGNEE'S APPROVAL

Date

This written reprimand remains active for 24 months from the date on line 6 unless further incidents of misconduct occur; otherwise, it will serve only as a record that discipline took place and be considered a part of an employee's work history.

Copy 1 -HR

Copy 2 -Department

Copy 3 -Employee