

**CITY OF OMAHA, NEBRASKA
REPRIMAND**

To: _____ **CLASSIFICATION:** _____

DEPARTMENT: _____ **DIVISION:** _____

You are officially reprimanded for:

(State date of occurrence and section of Union contract or Chapter 23 violated.)

(Department Head)

(Labor Relations Director)

(Supervisor)

(Title)

I, _____, hereby acknowledge that I received a copy of the
above reprimand from _____ *(Supervisor)* on _____ *(date)*.

My signature does not imply agreement with the facts recited herein.

(Employee Signature)

(Supervisor Signature)

Employee comments, if desired:

After a copy is delivered to the employee, the Supervisor must distribute the original of this reprimand to the Human Resources Department and copies to the Labor Relations Director and the Department Head.