



WASHOE COUNTY SCHOOL DISTRICT
Human Resources

LEVEL TWO: REPRIMAND FORM

1. Employee Name: _____ Employment Date: _____
Title: _____ Location: _____

2. This notice is to bring to your attention a problem in the following area(s):

- Work Performance, Dishonesty, Conduct, Physical/Mental Incapacity, Insubordination, Discourtesy, Alcohol/Drugs, Misuse/Destruction of WCSD Property, Theft, Criminal Conviction, Absenteeism/Tardiness, Other: _____

3. Occurrence Detail: _____ a.m. _____ p.m.
Month Day Year Time Time

Table with 3 columns: Previous Warnings, Informal Counseling, Warning Notice, Reprimand. Includes rows for (Date(s)) and blank lines.

5. Explanation of Problem(s):

Four horizontal lines for writing the explanation of the problem.

The problem(s) described above is serious and is the cause for this disciplinary notice. In addition, if you have been warned previously, it is noted above.

6. Improvement Needed: You are encouraged to think about this reprimand, resolve to change your behavior and/or improve your performance. In order to avoid further disciplinary measures, it is recommended that you:

Three horizontal lines for writing improvement needed.

If you do not improve, it will be necessary to consider stronger disciplinary measures, including suspension, demotion, and termination. A copy of this reprimand will be placed in your personnel file. If you have any questions in this matter, or if you need assistance in improving your performance, you are encouraged to contact me.

You have the right to respond in writing in order to present information or arguments rebutting this disciplinary measure. If you choose to do so, your response will be attached to this form.

7. The employee's signature below indicates only that the employee has received and read this document.

Employee Signature: _____ Date: _____
Supervisor's Signature: _____ Title: _____ Date: _____
Administrator's Signature: _____ Title: _____ Date: _____

cc: Personnel File
