



NON-UNIFORM EMPLOYEE
DISCIPLINARY ACTION FORM
RECORD OF ORAL REPRIMAND

DATE
EMPLOYEE #
DEPARTMENT
DIVISION

Employee Name

Complete Home Mailing Address

This is to advise you that you are hereby orally reprimanded for the following reasons:

[Blank lines for reasons]

You are hereby warned that a recurrence of this infraction, or other infractions, will result in further disciplinary action.

Oral reprimands are not subject to appeal.

Employee's Signature / Date
(Does not necessarily imply agreement with the stated reasons and/or disciplinary action.)

Immediate Supervisor's Signature / Date

OR (if applicable)

1. Witness / Date

Division Manager's Signature / Date

2. Witness / Date

Department Director's Signature (indicates review and approval) / Date

Union Steward's Signature (if applicable) / Date