## WRITTEN REPRIMAND

Employee:	ID:	Date:
Job Title:	Department:	
General Nature of Problem:		
Job Performance		
Conduct		
Violation(s) of Policy and/or Procedure		
Repeated Infractions Previously Discussed		
Other		
Detailed statement of problem. (Reference previous warnings, if	any):	
Corrective action required.		
What follow-up action is planned? (Specify date if necessary.)		
Employee comments:		
My signature means that this issue has been discussed with me. agreement.	l understand that my signature does n	ot necessarily indicate
Employee's Signature/Date		
Supervisor's Signature/Date Se	econd Level Supervisor's Signature/Dat	e
DISTRIBUTION: Employee Second Lev	rel Supervisor Departmental Fi	le Human Resources Fi

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