NOTICE OF EMPLOYEE REPRIMAND

Employee Name	Department

DETAILS OF INFRACTION

Date of Occurrence	Time of Occurrence	Location
Details:		
Print name of person preparing this report	Signature	Date

EMPLOYEE STATEMENT

Do you generally agree with the details stated above? ☐ Yes ☐ No
Please enter my comments below:

_____
Signature of Employee

PAST REPRIMANDS

Date	Details	Written Report Prepared
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

FURTHUR ACTIONS

My signature below acknowledges that I have been advised of the action to be taken subsequent to this reprimand.

_____
Employee Signature Date

_____
Approved by (Signature) Date

Copy Distribution

☐ Employee ☐ Human Resources ☐ Manager ☐ Supervisor ☐ Other _____

Affirmative Action Statement

Langston University is in compliance with Title VI of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, Americans with Disabilities Act of 1990, and other Federal Laws and regulations, and does not discriminate on the bases of race, color, national origin, sex, age, religion, handicap, or status as a veteran in any of its policies, practices, or procedures. This includes, but is not limited to, admissions, employment, financial aid, and educational services.

Revised 1999