Post Office Box 1521 417 Holcomb Street Springdale, AR 72765-1521 Phone (479) 751-4510 Fax (479) 750-8104

## Springdale Fire Department

**Employee's Name** 

CC:	Your Immediate Supervisor
From:	Officer's Name who is Administering Reprimand
Date:	Today's Date
Re:	Written Reprimand
This is a writt	en reprimand for <b>Employee's Name</b> as related to your substandard performance in
Actions, Misconduct, Behavior, etc., as described in the Springdale Civil Service Commission	
Rules and Re	egulations: Chapter as applicable, Section as applicable.
The basis of this written reprimand consists of the fact that <b>Specific actions, be as detailed as</b>	
possible, incl	uding past incidents related to this event and extenuating circumstances as
applicable.	
	ance will be closely monitored in the future. If your performance does not meet the the department, future disciplinary action may include suspension without pay, discharge.
This written reprimand will become part of your permanent personnel file in accordance with the <u>Springdale Civil Service Commission Rules and Regulations;</u> Chapter 8, Section 4: "Written Reprimand".	
Personnel Na	ome Officer
Officer's Supe	ervisor

To: