



COPY: Check One
 Department
 Employee

NON-UNIFORM EMPLOYEE DISCIPLINARY ACTION FORM RECORD OF ORAL REPRIMAND

DATE _____
EMPLOYEE # _____
DEPARTMENT _____
DIVISION _____

Employee Name

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

_____/_____
2. Witness / Date

_____/_____
Union Steward's Signature / Date
(if applicable)

_____/_____
Division Manager's Signature / Date

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