**EMPLOYEE REPRIMAND**

**State of: [STATE]**

Employee Name: [NAME]

Work Location: [LOCATION]

Employee ID: [ID NUMBER]

Date of Discipline Action Given: [DATE]

Date of Occurrence: [DATE]

Issuing Supervisor: [SUPERVISOR FULL NAME]

**Violation Statement**

Place of Violation: [ADDRESS/PLACE]

Date of Violation: [DATE]

Description of Violation: [DESCRIPTION]

**Disciplinary Action** [INSERT THOSE THAT APPLY]

* [Administrative Leave w/pay]
* [Recommendation for Termination]
* Sent Home w/pay]
* [Suspension without pay for [DAYS] days]
* [None]
* [other: [INSERT OTHER ACTION]]

**Corrective Actions**

Description of Corrective Actions to be taken: [INSERT DESCRIPTION]

**By signing this notice, I confirm I have read this Notice of Discipline and understand it fully.**

**SIGNATURES**

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Employee Signature** |  | **Employee Full Name** |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Supervisor Signature** |  | **Supervisor Full Name** |