



COPY: Check One
[] Department
[] Employee

NON-UNIFORM EMPLOYEE
DISCIPLINARY ACTION FORM
RECORD OF ORAL REPRIMAND

DATE
EMPLOYEE #
DEPARTMENT
DIVISION

Employee Name
Complete Home Mailing Address

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

[Blank lines for 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
Immediate Supervisor's Signature / Date

OR (if applicable)

1. Witness / Date
2. Witness / Date
Division Manager's Signature / Date
Department Director's Signature / Date
Union Steward's Signature / Date