



COPY: Check One

- Human Resources Personnel File
- Department
- Employee

**NON-UNIFORM EMPLOYEE  
DISCIPLINARY ACTION FORM  
RECORD OF WRITTEN REPRIMAND**

DATE \_\_\_\_\_  
 EMPLOYEE # \_\_\_\_\_  
 DEPARTMENT \_\_\_\_\_

\_\_\_\_\_  
 Employee Name

\_\_\_\_\_  
 Complete Home Mailing Address

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

You are hereby warned that a recurrence of this infraction, or other infractions, will result in further disciplinary action up to and including termination.

You have the right to submit a written rebuttal (to be attached to this record) within ten (10) working days upon receipt of this letter.

(AFSCME ONLY) You have the right to appeal this action and may request an administrative hearing within ten (10) working days upon receipt of this letter.

\_\_\_\_\_/\_\_\_\_\_  
 Employee's Signature / Date Immediate Supervisor's Signature / Date  
 (Does not necessarily imply agreement with the stated reasons and/or disciplinary action.)

OR (if applicable)

\_\_\_\_\_/\_\_\_\_\_  
 1. Witness / Date Division Manager's Signature / Date

\_\_\_\_\_/\_\_\_\_\_  
 2. Witness / Date Department Director's Signature / Date  
 (indicates review and approval)

\_\_\_\_\_/\_\_\_\_\_  
 Union Steward's Signature / Date  
 (if applicable)