



NON-UNIFORM EMPLOYEE
DISCIPLINARY ACTION FORM
RECORD OF WRITTEN REPRIMAND

DATE
EMPLOYEE #
DEPARTMENT

Employee Name

This is to advise you that you are hereby 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 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 to the Labor and Employee Relations Division-Human Resources Department.

Employee's Signature / Date Immediate Supervisor's Signature / Date

OR if employee refuses to sign:

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

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

Union Steward's Signature (if applicable) / Date