## **Employee Written Reprimand**

Employee Name
Employee ID / Number
Department
Date
Supervisor / Manager
Description of Infraction
Date(s) and Time(s) of Incident (if applicable)
Previous Warnings (if any)
Corrective Action Required
Consequences of Further Infractions
Employee Comments
Employee Commonto

Signatures	
	Employee Signature
	Supervisor/Manager Signature
Date	