



Letter of Reprimand—Auxiliary

Employee _____ Employee ID # _____

Position _____ Campus or Dept. _____

Date/Time of Concern _____ Location of Concern _____

Area(s) of Concern:

- | | | |
|---------------------------------|------------------------|--------------------------|
| _____ Failure to Perform Duties | _____ Misconduct | _____ Safety Violation |
| _____ Tardiness | _____ Absenteeism | _____ Lack of Initiative |
| _____ Insubordination | _____ Substandard Work | _____ Other |

Explanation of Concern(s):

Previous Warnings:

	Verbal	Written	Reason
Date:	<input type="checkbox"/>	<input type="checkbox"/>	
Date:	<input type="checkbox"/>	<input type="checkbox"/>	
Date:	<input type="checkbox"/>	<input type="checkbox"/>	

Expectations/Directives

Supervisor Signature & Title

Date

I have read this Letter of Reprimand and understand that failure to correct the above stated concern(s) may result in further disciplinary action, up to and including recommendation of termination.

I understand that my signature does not necessarily indicate that I agree with its contents and acknowledge that I have a right to respond within 10 working days if I disagree.

Employee Signature

Date

Witness, if needed

Date