



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:			
Date:			
Date:			

Employee Response

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 _____