

Employee Written Reprimand Record

Employee Information

Employee Name: _____ Date: _____
Employee ID: _____ Job Title: _____
Supervisor: _____ Department: _____

Details

Description:

Plan for Improvement:

Consequences of Further Infractions/Failure to Improve:

Acknowledgment of Receipt of Warning

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your Supervisor have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

Employee Signature Date

Supervisor Signature Date

Signature of WVMA Director Date