

EMPLOYEE WRITTEN REPRIMAND NOTIFICATION

Name of Employee: _____

1. Date of Notice: _____
2. Date of Violation: _____
3. Location of Violation: _____
4. Nature of Violation:

5. Previous related violation(s) / date(s):

6. Desired change / improvement:

I agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, that all electronic signatures are the legal equivalent of my manual/handwritten signature and I consent to be legally bound to this agreement.

Dept. Head or City Administrator/Manager Signature

Date

I have reviewed and received a copy of this form.

Employee Signature

Date