



Employee Private Reprimand

Employee Information

Employee Name:

Date:

Administrator/
Supervisor:

Job Title:

Reprimands

Warning

Recommending Suspension

Recommending Termination

Type of Offense

Tardiness/Absenteeism

Management

Violation of School/District Policies

Instructional

Parent Complaint

Employee Relations

Other: _____

Details

Description of Infraction:

Plan for Improvement:

Consequences of Further Infractions:

Follow-up Date:

Acknowledgement of Receipt of Reprimand

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your Administrator 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

Administrator/Supervisor Signature

Date

Witness Signature (if employee understands warning but refuses to sign)

Date