
Employee Reprimand Report

Date: _____
Employee's Name: _____
Job Title: _____
Department: _____
Supervisor's Name: _____
Type of Action: _____

Your performance has been found unsatisfactory for the reason(s) set forth below. The expectation is that you work with your immediate supervisor to meet the performance improvement plan/corrective action plan/expectations outlined below.

Details of Action

Performance Improvement Plan/Corrective Action Plan/Expectations (Please include deadlines.)

Failure to improve performance and/or further violation of policy may result in additional disciplinary action, up to and including termination of employment. Signing this reprimand form does not indicate your agreement with this record but indicates that you have reviewed the content herein.

Employee Signature

Date

Supervisor Signature

Date