

Disciplinary Reprimand Form

Notice to: AFSCME Local 2191

	Oral Reprimand	Written Reprimand
Employee Name:	_____	EE ID#: _____
Job Class:	_____	
Department:	Columbus Public Health	
CPH Division:	_____	Program: _____

Violation of Central Work Rule # _____
 Violation of Dept./Division Policies *(if applicable)* _____

On _____ *(date of occurrence)*, this employee engaged in conduct which violated the above listed rules and/or policies. The following is a brief explanation of the violation:

_____	_____
Appointing Authority or Designee	Date

On this date, _____, I issued and reviewed the contents of this document with the named employee.

_____	_____
Supervisor Signature	Date

_____	_____
Employee Signature	Date

Distribution:
 Original to Human Resources Unit
 Copy to Employee