sulogo

Verbal/Written Reprimand Notification

Date of Issuance:       Department:

Employee Name:       Empl. ID:

Job Title:       Date this occurrence becomes inactive:

Indicate if  Verbal **or**  Written Reprimand for  Group 1 or  Group 2

The purpose of this reprimand is to bring to your attention the ongoing deficiencies in your conduct and/or performance. The intent is to define for you the seriousness of the situation so that you may take immediate corrective action. This reprimand will be placed in your personnel file and is to be considered progressive discipline.

Reason for Reprimand (check all that apply):

Lateness

Unexcused absences

Stopping work before the designated time

Inappropriate conduct of poor judgment that may interfere with another employee**’**s work

Failure to follow established leave request procedures/policies

Disregard of stated Department uniform and staff identification procedures and policies

Failure to follow timekeeping procedures, as required (e.g. swiping timecard, etc.)

Violation of stated rules, procedures, policies or regulations

Failure to maintain satisfactory working relationships to include unprofessional or improper conduct or behavior

in the performance of duties

Failure to perform or poor performance of job duties, to include failing to follow instructions or maintain

established standards of workmanship of productivity

Failure to inform the supervisor when leaving the workstation, without justification

Failure to follow notification/call-in procedure

Excessive use of University telephone, email, or internet for personal matters

Other

Summary of incident and/or reason:

Summary of corrective action needed:

It is expected that the condition noted above will be corrected immediately. In the event this condition is not corrected, or another offense occurs, you will be subject to further disciplinary action, up to and including termination.

Employee Signature \*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Your signature is intended only to acknowledge receipt of the notice; it does not imply agreement or disagreement with the notice itself. If you refuse to sign, someone in a supervisory position will be asked to initial the form indicating that you received a copy of the form.

Supervisor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Within thirty (30) calendar days after the event giving rise to the grievance, or within thirty (30) calendar days of the time the employee should reasonably become aware of its occurrence, the aggrieved employee or the employee’s designated representative may file a written and signed grievance with the Human Resources Office using the designated grievance form available on the Human Resources website.

Additionally, you are hereby notified that University System of Maryland provides confidential services to help employees who face personal matters that adversely affect their lives and job performance. The Employee Assistance Program (EAP) is provided through ComPsych (GuidanceResources) and can be accessed by calling 855.410.7628 or online at guidanceresources.com and follow the log in instructions on the Human Resources website.