



STOREY COUNTY HUMAN RESOURCES

FORM: 1001F1
 CREATED: 01/06/19
 REVISED: 08/21/18-12/04/18
 AUTHORITY: BOCC
 COUNTY MANAGER: PAW

Written Reprimand

1. Today's Date: _____
2. Date of written reprimand: _____
3. Name of employee receiving written reprimand: _____
4. Name of employee/supervisor issuing written reprimand: _____
5. Department: _____
6. Detailed explanation of the performance-related behavior(s) or job-related behavior(s):

7. Department or county policies violated:

8. Details of specific changes that must occur to correct the subject behavior. Details must be SMART (Specific, Measurable, Attainable, Relevant, and Timely). This section should specify: what exactly do I want to achieve; where; how; when; and with whom.

9. Timeframe for these changes to occur (even if repeated from question 8 above).
10. Periodic review needed: yes _____ no _____.
11. If yes to question 10, what frequency and duration of reviews:
12. Consequences if the required change does not occur:

Supervisor signature:	Date:
Employee signature:	Date

Note: By employee's signature above, receipt of this written reprimand is acknowledged but agreement with the action taken is not necessarily indicated.