Reset Form

WRITTEN REPRIMAND

State Form 54119 (R2 / 7-26)
INDIANA STATE PERSONNEL DEPARTMENT

Name of Employee	Name of Agency/Department
Employee ID Number	Name of Section/Division
Name of Supervisor	Today's Date *(month, day, year)*

FAILURE TO COMPLY WITH THE CORRECTIVE ACTION MAY RESULT IN FUTURE DISCIPLINARY ACTION. THIS INCLUDES REPRIMAND(S), SUSPENSION(S), AND TERMINATION.

NATURE OF INFRACTION:

CORRECTIVE ACTION:

Note to Employee: *Your signature does not signify that you agree with the information contained herein. It signifies that this document was presented to you in person and that the infraction was fully explained.*

I hereby certify that I have had an opportunity to review this document and understand that I am to receive a copy. I am aware that my signature does not necessarily mean I agree with the information contained herein.	
Signature of Employee	Date *(month, day, year)*

Note to Supervisor: *Employee is only requested to sign above. If s/he declines, regardless of the reason, ask that a member of management sign below as witness to the declination of signature.*

Printed Name of member of management (witness)	
Signature of member of management (witness)	Date *(month, day, year)*
Signature of Supervisor	Date *(month, day, year)*

Note to All: *A copy of this statement will be provided to the employee and the director. The immediate supervisor will maintain a copy in the employee's fact file, and give the original to Human Resources. This reprimand will become part of the employee's personnel record.*

This action may be appealable in accordance with IC 4-15-2.2-42. A civil service complaint form and eligibility information are both available at https://www.in.gov/spd/policies-and-procedures/state-civil-service-system/