

Written Reprimand



Webb County Civil Service

Employee Information

Employee Name:	Date:
Employee ID:	Job Title:
Dept. Head:	Department:

Disciplinary Action

This is a written reprimand issued to you in accordance with §13.1 of the Webb County Civil Service Rules and Regulations.

Type of Offense(s)

You are being reprimanded because of the following misconduct, act, omission, or failure to perform duties::

Corrective Action Required

You must take the following corrective action in response to this written reprimand:

Additional Information

- If you do not take the corrective action set forth above, further, more severe, disciplinary action will be taken against you.
- A copy of this Written Reprimand will be placed in your personnel file.

Acknowledgement of Receipt

By signing this form, you confirm that you understand this Written Reprimand. Signing this form does not necessarily indicate that you agree with matters set forth herein.

Employee Signature *Date*

Department Head/Supervisor Signature *Date*

Witness Signature (if employee refuses to sign) *Date*