Appendix Number 17

EMPLOYEE WRITTEN REPRIMAND NOTIFICATION

To (Name of Employee): _____

Date of Notice: _____

Date of Violation: _____

Location of Violation: _____

Nature of Violation: _____

_____

_____

Previous Related Violation(s)/Date(s): _____

_____

_____

Desired Change/Improvement: _____

_____

_____

_____ _____

Tremonton City Representative or Official Date

I have reviewed and received a copy of this form.

_____ _____

Employee's Signature Date

Notes