

NOTICE OF EMPLOYEE REPRIMAND

Employee Name	Department
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DETAILS OF INFRACTION	Date of Occurrence	Time of Occurrence	Location
	Details:		
	Print name of person preparing this report	Signature	Date

EMPLOYEE STATEMENT	Do you generally agree with the details stated above? <input type="checkbox"/> Yes <input type="checkbox"/> No Please enter your comments below:
	_____ Signature of Employee

PAST REPRIMANDS	Date	Details	Written Report Prepared
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

FURTHER ACTIONS	My signature below acknowledges that I have been advised of the action to be taken subsequent to this reprimand.		
	_____ Employee Signature	_____ Date	_____ Approved by (Signature)

Copy Distribution
<input type="checkbox"/> Employee <input type="checkbox"/> Human Resources <input type="checkbox"/> Manager <input type="checkbox"/> Supervisor <input type="checkbox"/> Other _____

Affirmative Action Statement

Langston University is in compliance with Title VI of the Civil Rights Act of 1964, Executive Order 11246 as amended, Title IX of the Education Amendments of 1972, Americans with Disabilities Act of 1990 as well as other Federal Laws and regulations, and does not discriminate on the basis of gender, race, ethnicity, color, sex, age, veterans' status, sexual orientation, gender identity, national origin, religion or qualified disability in any of its policies, practices, or procedures. This includes, but is not limited to, admissions, employment, financial aid, and educational services.