

FLORIDA ATLANTIC UNIVERSITY

DATE: _____

DEPARTMENT: _____

RECORD OF ORAL REPRIMAND

An oral reprimand was issued as follows:

NAME OF EMPLOYEE: _____

CLASSIFICATION: _____

DATE OF REPRIMAND: _____

REASON FOR REPRIMAND: _____

CORRECTIVE INSTRUCTIONS GIVEN: _____

DATE TO REVIEW PROGRESS: _____

Failure to correct this deficiency may result in more severe disciplinary action.

(Name and title of Supervisor/Signature)

Date

Employee's Acknowledgment of Receipt

Date Received

cc: Dean/Director
Personnel File