

MESA PUBLIC SCHOOLS
Classified Personnel

EMPLOYEE LETTER OF REPRIMAND
District Level

TO: _____
PRINT NAME

FROM: _____
PRINT NAME

EMPLOYEE ID NUMBER

DEPARTMENT/SITE

DATE OF MISCONDUCT: _____

DATE OF INITIAL CONFERENCE: _____

MISCONDUCT:

CORRECTIVE ACTION:

CORRECTIONS TO BE COMPLETED BY: _____
DATE

Additional pages attached: Yes No

Misconduct occurring in the future shall subject the employee to further disciplinary action, including suspension or dismissal.

Employee signature acknowledges only the receipt of this reprimand.

SIGNATURE OF SUPERVISOR DATE

SIGNATURE OF EMPLOYEE DATE

NOTE TO EMPLOYEE RECEIVING REPRIMAND: Within ten (10) working days of above date, you may request a review by the Assistant Superintendent of Human Resources. A letter of appeal or appeal form must be completed and returned to the aforementioned office within the time limit.