

MESA UNIFIED SCHOOL DISTRICT

EMPLOYEE LETTER OF REPRIMAND – PROFESSIONAL STAFF

TO: _____

Building File

FROM: _____

District File

Date of Misconduct: _____

Date of Initial Conference: _____

Misconduct:

Corrective Action:

Additional Pages Attached:

Yes

No

Corrections to be Completed By: _____

Signature of Administrator

(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 Associate Superintendent. The attached form must be completed and returned to the aforementioned office within the time limit. An appeal conference shall be set no sooner than ten (10) calendar days and no later than twenty (20) calendar days from the date any appeal is received by the Associate Superintendent.