

**STATE OF NEVADA
WRITTEN REPRIMAND**

NAME :	EMPLOYEE ID # :	BUDGET ACCOUNT # :
DEPARTMENT :	DIVISION :	
SECTION :	SUPERVISOR :	DATE :

A copy of this written reprimand will be placed in the employee's personnel folder maintained by the Division of Human Resource Management in accordance with NAC 284.638.

STATEMENT OF SUPERVISOR

Supervisor's Signature _____ Title _____

Employee's Signature _____ Date _____
(Signature acknowledges receipt of reprimand only)

Appointing Authority Review _____ Date _____