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Paper for HR Dept



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**MILWAUKEE COUNTY  
EMPLOYEE WRITTEN REPRIMAND NOTICE**

DATE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ CERIDIAN ID #: \_\_\_\_\_

CLASSIFICATION: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

Date of offense: \_\_\_\_\_ Violation and Description of Offense

Expected Actions/Outcomes: Changes planned to prevent recurrence of violation:

**Employee Statement:**

- I agree with Employer's statement
- I disagree with Employer's description of violation for these reasons:

The **Employee Assistance Program (EAP)** is available to all employees. It is a confidential service of Milwaukee County that may be able to assist you. EAP may be reached at (800) 622-7276 (24 hrs – 7 days a week).

**Continued violations** of Civil Service Rules may result in more severe disciplinary action leading up to and including discharge.

\_\_\_\_\_  
Signature of Immediate Supervisor

\_\_\_\_\_  
Signature of Division or Program Manager

**I acknowledge receipt of a copy of this form.**

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date Issued to Employee