

**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 Department of Personnel 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