

Texas Department of Criminal Justice
REPRIMAND FORM

OIG Number: _____ EEO Number: _____
MAUF Number: _____
SSN: _____

Employee Name: _____
Last First MI

Payroll Job Title: _____ Unit or Dept: _____

Date of Violation(s): _____ Date Prehearing Investigation Completed: _____

VIOLATION(S): _____ FINDINGS (check one): GUILTY

Level: _____ Number: _____ Rule Title: _____ Yes No

Level: _____ Number: _____ Rule Title: _____ Yes No

Synopsis of Incident:

DISCIPLINARY ACTION:

Is this a subsequent violation? Yes No If yes, list applicable previous rule number violation(s) and disciplinary date(s):

Check and complete one or more of the following:

- NO DISCIPLINE IMPOSED (Provide justification at bottom of page if guilty findings.)
- REPRIMAND ONLY
- DISCIPLINARY PROBATION: _____ Calendar Months Beginning: _____ Ending: _____
- SUSPENSION WITHOUT PAY: _____ Workdays Beginning: _____ Return: _____
- REDUCTION IN PAY: \$ _____ Beginning: _____ Ending: _____
- Method used: _____ % Step (number of steps) _____ Minimum established rate
- DEMOTION TO (Title and Salary Group) _____ Beginning: _____ Ending: _____
- DISMISSAL RECOMMENDED

DISCIPLINE IS: Within Above Below the guidelines. Provide justification at bottom of page if above or below.

For violations of Rule Number 24 or 25, check one of the following: This violation did did not involve an aggravated use of excessive force.

JUSTIFICATION (If applicable): _____

Reprimanding Authority Name and Title (printed) _____ Signature _____ Date _____

Employee's Acknowledgment: I have been advised of the procedures of progressive disciplinary actions, and my right to file a grievance. I acknowledge receipt of a copy of this reprimand and know the original is to be placed in my Master Human Resources File. If recommended for dismissal, I verify the following are my current address and phone number:

Mailing Address: _____

Phone Number, Including Area Code: _____

Employee Signature: _____ Date: _____

Note to Employee: With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.

Original: Employee Relations, HRHQ (with copy of support documentation)
Copy: Employee
Copy: Unit or Department Employee Disciplinary File