

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