

WEST CARROLL HEALTH SYSTEMS

706 Ross Street ~ Oak Grove, LA 71263 ~ Telephone (318) 428-3237

RECORD OF ORAL REPRIMAND

Employee:		Date of Reprimand:
Department:	Job Title:	
Reason for Reprimand: <input type="checkbox"/> Insubordination <input type="checkbox"/> Attitude <input type="checkbox"/> Performance <input type="checkbox"/> Tardiness <input type="checkbox"/> Excessive missed time <input type="checkbox"/> Other _____		
Please give more details of problem:		
Corrective Instructions Given:		
Date to Review Progress:		
Action to be Taken if no Improvement:		
Department Head Signature:	Date:	Administration: