



STATE OF NEVADA
WRITTEN REPRIMAND

Name: _____ Employee ID: _____ Budget Acct #: _____
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

The purpose of this written reprimand is to document and address violations of the following NSHE Prohibitions and Penalties:

NSHE Prohibitions and Penalties: A Guide for Classified Staff

- Section B-2: Failure to meet work performance standards.
- Section B-5: Failure to prepare or maintain prescribed records or reports.
- Section B-8: Failure to cooperate with other employees and/or supervisors.
- Section B-11: Disregard and/or deliberate failure to comply with or enforce statewide, department or office regulations and policies.
- Section B-15: Frequent or continual tardiness and/or failure to report to work promptly after rest and meal periods.
- Section B-18: Failure to notify supervisor or designated representative, or to comply with department policy promptly when unable to report for work. Notification must occur for each shift.
- Section B-19: Unauthorized absence from duty.

State the specific reasons for the Written Reprimand. Include facts and details, such as who, where, when, what, etc. Provide a clear picture of what occurred and avoid subjective statements, such as "I feel" or "I believe". State how the unacceptable performance or behavior affects the department or campus operations.

State the expectations moving forward. If applicable, also offer training or other resources.

Include the following paragraphs:

Your progress toward meeting the above expectations will be monitored on an on-going basis. I encourage you to contact me whenever you feel you need information, assistance, or support in meeting these expectations. Any future violations of NSHE prohibitions and penalties may result in further disciplinary action up to and including termination of your employment.

UNLV does not discriminate in its employment practices or in its educational programs or activities, including admissions, on the basis of sex/gender pursuant to Title IX, or on the basis of any other legally protected category as is set forth in NSHE Handbook Title 4, Chapter 8, Section 13. Reports of discriminatory misconduct, questions regarding

Title IX, and/or concerns about noncompliance with Title IX or any other anti-discrimination laws or policies should be directed to UNLV's Title IX Coordinator Michelle Sposito. The Title IX Coordinator can be reached through the online reporting form, by email at titleixcoordinator@unlv.edu, by phone at (702) 895-4055, by mail at 4505 S. Maryland Parkway, Box 451062, Las Vegas, NV, 89154-1062, or in person at Frank and Estella Beam Hall (BEH), Room 555.

Include optional paragraph below, if applicable:

UNLV has a number of resources that are available for utilization at your discretion. The employee assistance program, ComPsych, can be contacted at (833) 475-1995 or visit Guidance Resources online at www.guidanceresources.com and enter the company ID: UNLVEAP. If you have a condition that may qualify under the Family Medical Leave Act (FMLA), you are encouraged to contact the University's Office of Human Resources to explore your options. If you believe that you may qualify for accommodation under the Americans with Disabilities Act (ADA), you are encouraged to contact the University's Office of Equal Opportunity and Title IX concerning your rights and obligations.

Supervisor's Signature

Title

Employee's Signature
(Signature acknowledges receipt of reprimand only)

Date

Appointing Authority Review

Date