## GEORGIA DEPARTMENT OF CORRECTIONS

## REQUEST FOR REVIEW OF WRITTEN REPRIMAND

EMPLOYEE INFORMATION		
Name of Employee Requesting Review:		
Social Security #:		
Mailing Address:		
City	State	Zip Code
Home Phone #:	Work Phone #:	
Job Title:Fa	cility/Center/Office:	
REPRIMAND INFORMATION		
The written reprimand or written confirmation of an oral reprimand in question must be attached to this form.		
Employee's explanation (attach additional sheets as needed):		
Relief requested:		
EMPLOYEE'S SIGNATURE:	DAT	E:
Mail original form (with attachments) to the appropriate reviewing official.		

Record Retention: If reprimand is upheld, retain permanently in the official and local personnel files, OR if relief is granted, retain permanently in the local personnel file.