

GEORGIA DEPARTMENT OF CORRECTIONS

REQUEST FOR REVIEW OF WRITTEN REPRIMAND

EMPLOYEE INFORMATION

Name of Employee Requesting Review: _____

Social Security #: _____ Employee I.D.#: _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Home Phone #: _____ Work Phone #: _____

Job Title: _____ Facility/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: _____ **DATE:** _____

Mail original form (with attachments) to the appropriate reviewing official.