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Exhibit I

EMPLOYEE WRITTEN REPRIMAND NOTIFICATION

Name of Employee: _____

1. Date of Notice: _____
2. Date of Violation: _____
3. Location of Violation: _____
4. Nature of Violation:

5. Previous related violation(s) / date(s):

6. Desired change / improvement:

Dept. Head or City Administrator/Manager Signature

Date

I have reviewed and received a copy of this form.

Employee Signature

Date