

**COUNTY BOARD OF HEALTH
POLICY # HR-03624
PROCESS FOR REVIEW OF WRITTEN
REPRIMANDS POLICY for CLASSIFIED EMPLOYEES**

Approval:		7/24/2020
	District Health Director	Date



Public Health
Prevent. Promote. Protect.

1.0 PURPOSE

This policy contains guidelines for eligible County Board of Health (CBOH) classified employees seeking reviews of written reprimands or written confirmation of oral reprimands.

2.0 AUTHORITY

The Process for Review of Written Reprimands Policy is published under the authority of the CBOH and in compliance with the following:

2.1 Rules of the State Personnel Board

3.0 SCOPE

This policy applies to classified employees of the CBOH.

3.1 This process may be used by all CBOH classified employees whose employment averages twenty (20) or more hours a week.

3.2 A classified employee who has been notified of termination or is seeking relief or remedy on reprimand issues through the Georgia Commission on Equal Opportunity (GCEO) or other administrative or judicial process is not eligible to request a review of a reprimand.

4.0 POLICY

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Upon request, the County Board of Health will provide a reprimand review to an employee who has received a written reprimand or written confirmation of an oral reprimand.

5.0 DEFINITIONS

5.1 CBOH – County Board of Health

5.2 DHD – District Health Director

5.3 DPH – Georgia Department of Public Health

5.4 HR – Human Resources

5.5 **Written Reprimand** – is defined as any document that contains the following:

5.5.1 The date, time and/or place of the inappropriate behavior or performance; and,

5.5.2 Future expectations of the employee; and,

5.5.3 The consequences should the inappropriate behavior or performance continue.

5.6 **Written Confirmation of an Oral Reprimand** – a document that contains information concerning the oral reprimand and has been distributed to the employee and HR Informal notation of an oral counseling that is only maintained in a supervisory file is not considered a written confirmation of an oral reprimand.

6.0 RESPONSIBILITIES

6.1 Human Resources (HR) is responsible for issuing and updating procedures to implement this policy.

6.2 Managers/supervisors are responsible for the application and usage of this policy.

7.0 PROCEDURES

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7.1 PROCESS – A request for a reprimand review may be filed by an eligible employee who has received a written reprimand or written confirmation of an oral reprimand as defined in this policy.

7.1.1 A request for review should be filed as soon as possible and must be received by HR within ten (10) work days of the employee receiving the reprimand. Note: A work day refers to Monday through Friday, excluding state holidays. The close of business is 5:00 p.m.

7.1.2 A request for a reprimand review must be filed on the *Reprimand Review Form*.

7.1.2.1 This form must be completed in its entirety. Any documentation which indicates why the reprimand is not appropriate must be submitted with the *Reprimand Review Form*.

7.1.2.2 Documentation submitted must include a copy of the written reprimand or written confirmation of an oral reprimand.

7.1.2.3 The *Reprimand Review Form* must be delivered, mailed, emailed or faxed to HR as indicated on the Reprimand Review Form.

7.1.3 Copies of the review form and supporting documents sent to HR must be provided to the supervisor who issued the reprimand.

7.1.4 Employees may use CBOH supplies, equipment, mail services, or other CBOH resources, to provide copies of reprimand related documents only to those individuals specified in this process.

7.1.5 Information related to the *Written Reprimand* or *Request for Review* should not be shared with other individuals or staff unless they have a need to know.

7.2 ASSESSMENT AND CONCLUSION

7.2.1 Upon receipt of a request for a reprimand review, HR will:

7.2.1.1 Determine whether the issue(s) is eligible for review as defined by this process;

7.2.1.2 Obtain additional information as needed; and,

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7.2.1.3 Provide the review findings with a recommendation concerning the disposition of the reprimand to the DHD

7.2.2 The DHD or designee will review the findings, recommendations, and any other relevant information, and issue a final decision to HR/DPD for distribution to the employee.

7.2.3 HR will issue a written decision to the employee within five (5) work days of receipt of the review request.

7.2.4 Copies of the final decision will be provided to the employee's supervisor(s).

7.2.5 The decision of the DHD is the final CBOH action on the reprimand.

7.3 THIRD PARTY REPRESENTATION

Third party representation is not permitted under this process.

7.4 CONSOLIDATION OF REPRIMAND REVIEWS

7.4.1 When appropriate, HR may:

7.4.1.1 Consolidate multiple reprimand review requests by an employee into a single review; or,

7.4.1.2 Consolidate separate requests filed by two (2) or more employees regarding the same issue(s) into a single review.

7.5 WITHDRAWAL OF A REQUEST FOR REPRIMAND REVIEW

7.5.1 A request for a reprimand review may be voluntarily withdrawn by the employee at any time during the review process. A request for reprimand review that has been withdrawn will be considered a closed matter and may not be re-filed.

8.0 REVISION HISTORY

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REVISION #	REVISION DATE	REVISION COMMENTS
0	August 26, 2014	Initial Issue
1	November 12, 2015	Annual Review
2	September 11, 2018	Annual Review
3	November 13, 2019	Annual Review and minor edits for clarity
4	June 11, 2020	Annual Review and Revisions 5.2, 5.4, 5.6, 6.1, 7.1.1, 7.1.2.3, 7.2.1, 7.2.1.3, 7.2.2, 7.2.3, 7.2.5, 7.4.1

9.0 RELATED FORMS

HR03624A – CBOH Reprimand Review Form

**County Board of Health
REPRIMAND REVIEW FORM – CLASSIFIED EMPLOYEES**

EMPLOYEE INFORMATION

Employee Name: _____ Employee ID: _____

District: _____ County/
Program: _____

Job Title: _____ Check One: Classified Unclassified

Preferred Mailing Address: Home Work

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Numbers: Work _____ - _____ Home _____ - _____

REPRIMAND INFORMATION

Supervisor involved in issuing reprimand or written confirmation of an oral reprimand :

Name: _____ Phone No.: _____

Supporting documentation related to the reprimand must be submitted with this form. Copies of all documentation sent must be given to the supervisor who issued the reprimand. The documentation must include a copy of the written reprimand or written confirmation of an oral reprimand.

Number of additional pages of supporting documents submitted with form _____

_____ Date

_____ Employee's Signature

Copies have been sent to the following person:

_____ Employee's Supervisor (print name)

Deliver, mail or fax this form and supporting documents to:

**Human Resources/District Personnel Department
(Insert Address & Fax here)**

FOR ASSISTANCE/INFORMATION, PLEASE CONTACT THE ABOVE OFFICE.

FOR HUMAN RESOURCES/DISTRICT PERSONNEL DEPARTMENT USE

Date & Time
Received: _____

Received By: _____