GEORGIA DEPARTMENT OF HUMAN SERVICES
Human Resources Policy #1504 A2

REPRIMAND REVIEW GROUP ROSTER

My signature below indicates I am a participant in a group reprimand review. I certify that the reprimand review involves the same issue and agree with the cause for the reprimand review.

Employee Printed Name	Phone Number	Employee ID Number	Employee Signature

Spokesperson 1: Name: _____ Date: _____

Spokesperson 2: Name: _____ Date: _____