Student Employee Disciplinary Action Form

Employers, please return a completed form to the Center for Career Services along with a Student Employee Position Release Form.

\*\* Please provide the student with a copy of this form and retain a copy for your records.

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| Student Name: |
| Supervisor Name: |
| Verbal Warning |
| Date of Verbal Warning: |

I acknowledge that I have given a verbal warning to the student employee and have discussed with the student ways to improve performance.

*Supervisor’s Signature*

*Date*

I acknowledge that I have received a verbal warning from my supervisor and discussed ways to improve performance.

Date of Written Warning:

I acknowledge that I have given a written warning to the student employee, have provided a copy of the warning to the student, have

attached a copy of the warning to this form, and have discussed with the student ways to improve performance.

Written Warning

*Date*

*Student’s Signature*

*Supervisor’s Signature*

*Date*

I acknowledge that I have received a written warning from my supervisor and discussed ways to improve performance.

Date of Employment Contract Termination:

I acknowledge that I have terminated the student employee’s contract, have provided a copy of this form to the student, and have sent

this form, the Student Employee Release Form, and the written warning to the Center for Career Services.

Termination of Employment

*Date*

*Student’s Signature*

*Supervisor’s Signature*

*Date*

I acknowledge that I have received notice from my supervisor of the termination of my employment contract.

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*Student’s Signature*

*Date*