Student Employee Corrective Action Form 2026-27

_____ _____

Employee Name *G#*

_____ _____

Department *Job Title*

_____ _____

Mentor Name *Mentor Email and Phone Number*

The Employee Corrective Action Form has been developed *to assist you in the corrective action process. This process involves communication with your student, being open and positive and offering feedback and guidance when necessary.*

Please read carefully and complete all necessary items.

Type of Violation

- ☐ Attendance
- ☐ Rudeness to Employees or Patrons
- ☐ Willful Damages to College Property
- ☐ Insubordination
- ☐ Violation of College Policies
- ☐ Working on Personal Matters
- ☐ Failure to Follow Instructions
- ☐ Unsatisfactory Work Quality
- ☐ Other:

Previous Warnings (if applicable)

	Oral:	Written:	Date:	By Whom:
1st Warning:	◯	◯	_____	_____
2nd Warning:	◯	◯	_____	_____
3rd Warning:	◯	◯	_____	_____

Employer Statement

Date of Incident: _____ Time: _____

Employee Statement

☐ agree with Employer's Statement

☐ I disagree with Employer's statement for these reasons:

Action to be Taken

☐ Warning ☐ Probation ☐ Suspension ☐ Other: _____

Consequences should the incident occur again: _____

Student Signature: _____ Date: _____

Mentor Signature: _____ Date: _____

Work-Study Coordinator: _____ Date: _____