



Student Employee Corrective Action Form 2024-25

Employee Name _____

G# _____

Department _____

Job Title _____

Supervisor Name _____

Supervisor Email and Phone Number _____

The Employee Corrective Action Form to has been developed 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

- | | | |
|--|--|---|
| <input type="checkbox"/> Attendance | <input type="checkbox"/> Insubordination | <input type="checkbox"/> Failure to Follow Instructions |
| <input type="checkbox"/> Rudeness to Employees or Patrons | <input type="checkbox"/> Violation of College Policies | <input type="checkbox"/> Unsatisfactory Work Quality |
| <input type="checkbox"/> Willful Damages to College Property | <input type="checkbox"/> Working on Personal Matters | <input type="checkbox"/> Other: _____ |

Previous Warnings (if applicable)

	<u>Oral:</u>	<u>Written:</u>	<u>Date:</u>	<u>By Whom:</u>
1st Warning:	<input type="radio"/>	<input type="radio"/>	_____	_____
2nd Warning:	<input type="radio"/>	<input type="radio"/>	_____	_____
3rd Warning:	<input type="radio"/>	<input type="radio"/>	_____	_____

Employer Statement

Date of Incident: _____ Time: _____

Employee Statement

- I agree with Employer's Statement
- I disagree with Employer's statement for these reasons:

Action to be Taken

- Warning Probation Suspension Other: _____

Consequence should incident occur again: _____

Student Signature: _____

Date: _____

Supervisor Signature: _____

Date: _____

Work-Study Coordinator: _____

Date: _____