



Office of Student Financial Aid and Scholarships

Federal Work Study Program

Student Employment Disciplinary/Termination Form

Student's Name: _____ Banner ID: _____ Job Title: _____

Department: _____ Supervisor: _____ Banner ID: _____

Date of Disciplinary Action or Termination: _____ *Select Action below.*

Verbal Counseling Verbal Warning Written Warning Termination

Please check all that pertains to student's situation:

- | | | | |
|---|-------------------------------------|--------------------------------------|---------------------------|
| Absenteeism | Tardiness | Misuse/Damage of University Property | Negligence |
| Leaving Work Area W/O Permission | Failure to Complete Assigned Duties | Poor Performance | GPA Below 2.0 |
| Insubordination | Use of Profane or Abusive Language | Conduct Unbecoming | Violation of Safety Rules |
| Failure to Comply with Issued Directive | Other _____ | | |

Disciplinary Action or Reason for Employment Termination:

Action Plan:

1. _____
2. _____
3. _____

Employee Signature _____ **Date** _____

Supervisor Signature _____ **Date** _____