Student Employee Corrective Action Form
2025-26

_____ _____
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

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

Previous Warnings (if applicable)

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

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: _____