



Student Employee Corrective Action Form 2015-16

Employee Name _____ DU ID _____

Department _____ Job Title _____

Supervisor Name _____ Supervisor Email and Phone Number _____

The Office of Student Employment has developed an Employee Corrective Action Form 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, Insubordination, Failure to Follow Instructions, Rudeness to Employees or Patrons, Violation of University Policies, Unsatisfactory Work Quality, Willful Damages to University Property, Working on Personal Matters, Other: _____

Previous Warnings (if applicable)

Table with columns: Oral, Written, Date, By Whom. Rows for 1st, 2nd, and 3rd Warning.

Employer Statement

Employee Statement

Date of Incident: _____ Time: _____

- 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: _____ Student Employment Processed: _____ Date: _____