

# Student Employee Corrective Action Form 2017-18

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

- |   |   |   |
|---|---|---|
| <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 University Policies | <input type="checkbox"/> Unsatisfactory Work Quality    |
| <input type="checkbox"/> Willful Damages to University 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>
<b>1st Warning:</b>	○	○	_____	_____
<b>2nd Warning:</b>	○	○	_____	_____
<b>3rd Warning:</b>	○	○	_____	_____

### 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: \_\_\_\_\_

Student Employment Processed: \_\_\_\_\_ Date: \_\_\_\_\_