STUDENT WORK STUDY EMPLOYEE CORRECTIVE ACTION FORM

Student Name: ___________________ Eagle ID: _____________________

Department: ___________________ Job Title: _____________________

Supervisor Name: ________________ Supervisor Email: ________________

The Financial Aid Office has developed a Student Work Study 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 ☐ Failure to Notify Supervisor
☐ Failure to Follow Instructions ☐ Violation of College Policies
☐ Unsatisfactory Work Quality ☐ Insubordination
☐ Poor Customer Service (Attitude) ☐ Other: (Please specify) _______________________

PREVIOUS WARNINGS (if applicable)

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<tr>
<th>Oral:</th>
<th>Written:</th>
<th>Date:</th>
<th>By Whom:</th>
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<tbody>
<tr>
<td>1st Warning</td>
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<td>2nd Warning</td>
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<td>3rd Warning</td>
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ACTION TO BE TAKEN:

☐ Warning ☐ Probation ☐ Termination ☐ Other: _______________________

Student Signature: ___________________ Date: ___________________

Supervisor Signature: ___________________ Date: ___________________

Work Study Coordinator: ___________________ Date: ___________________