

Student Employment

Record of Counseling/Verbal Warning

Employee Name:

Empl ID:

Date:

Department:

Place of incident:

Indicate if: Coaching/Counseling Session Verbal Reprimand

The following counseling or verbal reprimand has taken place due to deficiencies in the following area(s) as outlined in Policy 05.025 (Employment of Students for Hourly Positions), New Student Employee Orientation, and/ or expectations outlined by the supervisor(s).

- Job Knowledge
- Communication Skills
- Quality/ Quantity of
- Work Initiative
- Judgment/
- Independence
- Dependability
- Attitude
- Teamwor
- k
- Leadershi
- p
- Continuous
- Improvement Customer
- Service

Summary of incident and/or reason for warning:

Summary of corrective action needed

It is expected that the deficiencies noted will be corrected immediately. If not corrected, or if another offense occurs, further disciplinary action may follow, up to and including termination.

Employee Signature:

Date:

(Your signature is intended only to acknowledge receipt of the notice; it does not imply agreement or disagreement with the notice itself. If you refuse to sign, someone in a supervisory position will be asked to initial the form indicating that you received a copy of the form.)

Supervisor Signature:

Date

Printed Name of Supervisor: