

STUDENT EMPLOYEE CORRECTIVE ACTION NOTICE	
Employee Name:	Employee ID:
Supervisor Name:	Supervisor ID:
Department:	Job Title of Employee:
Date of Notice:	
Warning Type:	
<input type="checkbox"/> Written Reprimand <input type="checkbox"/> Final/2 <sup>nd</sup> Written Reprimand in Lieu of Suspension <input type="checkbox"/> Termination	
Previous discipline meeting was held on:	
<b>1. Your behavior/actions have been found unsatisfactory for the following reasons:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Prompt and timely attendance <ul style="list-style-type: none"> <li>• Examples: excessive tardiness, absenteeism, job abandonment</li> </ul> </li> <li><input type="checkbox"/> Honest in all work related communications, disclosures, and submissions <ul style="list-style-type: none"> <li>• Examples: falsification of timesheets, theft, unauthorized release of confidential information/breach of confidentiality</li> </ul> </li> <li><input type="checkbox"/> Responsive of all lawful work-related requests from the supervisor <ul style="list-style-type: none"> <li>• Examples: insubordination</li> </ul> </li> <li><input type="checkbox"/> Respectful, cooperative, and professional to all. <ul style="list-style-type: none"> <li>• Examples: harassment, violent or obscene behavior, vandalism of property</li> </ul> </li> </ul>	
<b>2. Summary of incident and/or reason for warning (include time, place, date(s), as well as impact on the department and institution:</b>	
<b>3. List violations as outlined in UNT Policy.....</b>	
<b>4. Summary of Corrective Action Needed (Performance in the following area(s) is expected to improve immediately):</b> List expectations with any specific directions or training that be applicable.	
<b>5. Deadline:</b>	
<b>6. Follow-up meeting will be held on:</b>	
<b>7. Student Employee's Comments:</b>	
Employee's Signature: _____ Date: _____ <b>Note:</b> Your signature is intended only to acknowledge receipt of this 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's Signature: _____ Date: _____	

**Distribution:**

- ☐ Original to Employee
- ☐ Copy Retained by Supervisor/Department
- ☐ Copy to Student Employment Team

CC: Department Manager:  
Career Center  
Personnel File

