

Office of Student Employment

LEARNING WHILE EARNING

Addressing Performance

Student Employee Performance Documentation Form

Student Employee Name: _____ Position Title: _____
 Department: _____

Infraction Information					
Infraction Date(s):				Time(s):	
Location(s):					
<input type="checkbox"/>	<i>Notice of Verbal Warning</i>	<input type="checkbox"/>	<i>Notice of First Written Warning</i>	<input type="checkbox"/>	<i>Notice of Final Written Warning</i>
<input type="checkbox"/>	<i>Notice of Decision-Making</i>	<input type="checkbox"/>	<i>Notice of Suspension</i>	<input type="checkbox"/>	<i>Notice of Termination</i>
Description of Infraction/Performance Issue					
Action(s) Taken / Next Steps to Prevent Repeat Infraction / Next Steps if Infraction Occurs Again					
Additional Training/Professional Development Provided to Student Employee					
First Time Infraction? (check one)		Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	
If no, list date and details of previous discussion(s):					
Final Warning? (check one)		Yes: <input type="checkbox"/>		No: <input type="checkbox"/>	

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

Student Employee Name: _____

Student Employee Signature: _____ Date: _____