



Prescott College

Student Employee Disciplinary Action Form

*Please provide the student with a copy of this form and retain a copy for your records.

Student Name: _____ Supervisor Name: _____

Student's Job Title: _____ Department: _____

Reason for Disciplinary Action: _____

Verbal Warning

Date of Verbal Warning: _____

I acknowledge that I have given a verbal warning to the student employee and have discussed with the student ways to improve performance.

Supervisor's Signature

Date

I acknowledge that I have received a verbal warning from my supervisor and discussed ways to improve performance.

Student's Signature

Date

Written Warning

Date of Written Warning: _____

I acknowledge that I have given a written warning to the student employee, have provided a copy of the warning to the student, have attached a copy of the warning to this form, and have discussed with the student ways to improve performance.

Supervisor's Signature

Date

I acknowledge that I have received a written warning from my supervisor and discussed ways to improve performance.

Student's Signature

Date

Termination of Employment

Date of Employment Termination: _____

I acknowledge that I have terminated the student employee's employment, have provided a copy of this form to the student, and have sent this form to the Student Employment Coordinator.

Supervisor's Signature

Date

I acknowledge that I have received notice from my supervisor of the termination of my employment.

Student's Signature

Date