

## **Student Employment Reprimand**

Student Name:				
Student ID #:				
Department: Supervisor:				
Date of action:				
Action Taken:	First Reprimand	Second Reprimand	Termination	
Incident notes:				
Employer notes: _				
Student notes: _				
Supervisor Signatu	re:		Date:	
Student Signature:			Date:	

Return this form to the Business Office via campus mail or email. Keep a copy for your files & provide a copy to the student employee.