



Student Employment Reprimand Form

Student Name: _____ ID#: _____

Department: _____

Supervisor: _____

Date of Action: _____

Action Taken: First Reprimand Second Reprimand Termination

Incident

Notes:

Supervisor

Notes:

Student

Notes:

Supervisor Signature: _____ 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.***