



Student Employment Reprimand Form

Student Name: _____ ID#: _____

Department: _____

Supervisor: _____

Date of Incident: _____

Action Taken: ☐ First Reprimand ☐ Second Reprimand ☐ Termination

Incident
Details:

Supervisor
Notes:

Student
Notes:

Supervisor Signature: _____ Date: _____

Student Signature: _____ Date: _____

***Return this form to the Student Employment Coordinator via campus mail or email.
Keep a copy for your files & provide a copy to the student employee.***