



University of Maine at PRESQUE ISLE
North of Ordinary

Federal Work Study Written Warning Form

Employee's name:

Date of conversation:

Specific rule violation or performance problem:

Previous conversations about the rule violation or performance problem:

Specific change in the employee's performance or behavior that is expected:

Employee's comments:

Supervisor's comments:

Employee's signature: _____ **Date:** _____

-or-

Employee was asked to sign this written warning on _____ but declined to sign.

Supervisor's signature: _____ **Date:** _____

Financial Aid Administrator's signature: _____ **Date:** _____