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:________