



### FWS EMPLOYEE WARNING/TERMINATION NOTICE

The supervisor of the Federal Work Study student below must complete this notice.

**FWS Employee Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Last 4 digits of SS#: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Department: \_\_\_\_\_

Department Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Date: \_\_\_\_\_

**Type of Notice:**

- Written Warning
- Performance-Based Termination
- Exhausted Hours

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Reason of Termination:**

- Frequent Schedule Changes
- Excessive Absence
- Excessive Lateness
- Rudeness to Students/Office Staff/Insubordinate
- Office Disruptions (Social Distractions)
- Requested to Resign
- Resigned Voluntarily
- No Show
- Inadequate Performance/Substandard Work

**Details:**

Description of infractions: \_\_\_\_\_  
\_\_\_\_\_

Plan for Improvement (if applicable): \_\_\_\_\_  
\_\_\_\_\_

Consequences of Further Infractions: \_\_\_\_\_  
\_\_\_\_\_

**Acknowledgement of Receipt of Warning/Acknowledgement of Termination**

By signing this form, you confirm that you understand the information in this warning. You also confirm that you and your supervisor have discussed the warning and a plan for improvement. Signing this form does not necessarily indicate that you agree with this warning.

FWS Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FWS Coordinator Signature: \_\_\_\_\_ Date: \_\_\_\_\_