Office of Financial Aid 1235 Fifteenth Street Augusta, GA 30901-3182

WORK STUDY EMPLOYEE WARNING

TO:		
	Work Study Employee	
FROM:		
	Work Study Supervisor	
SUBJECT:	Written Warning	
DATE:		

In addition to my discussion with you regarding the item(s) checked below, this communication serves as the last warning you will receive before being terminated as a work study employee in the _____ Department/Office.

The reason(s) for this action (is) (are):

() 1. Failure to report to work as scheduled and agreed.

() 2. Continued tardiness.

() 3. Failure to comply with rules and regulations of the Department.

() 4. Unsatisfactory performance.

() 5. Poor work attitude.

() 6. Violation of policies set forth by the Institution.

() 7. Other_____

Work Study Supervisor Signature

Date

Cc: Mrs. Willie Boler Work Study Coordinator