

SOUTHEASTERN COMMUNITY COLLEGE
WORK-STUDY CORRECTIVE ACTION FORM

Student Name: _____

Student ID: _____

Department: _____

Notice #: **1** **2** **3**

Date: _____

The college work study programs are funded through federal and state monies, as such. Southeastern Community College must comply with federal and state regulations which govern these programs to maintain its eligibility. Staying in compliance with federal and state regulations takes diligence on the part of the Financial Aid office and the participating supervisors. As a work study employee, you must represent the college in a professional manner and abide by the same policies as any employee. You, the student have agreed to abide by all program requirements. **A student will only be allowed a total of three (3) citations per academic year.** You have been cited for the following items as noted below:

1. Excessive Tardiness (attach copy of time sheet and indicate specific dates)
2. Excessive Absences (attach copy of time sheets and indicate specific dates)
3. Failure to submit monthly times slip before the due date/time
4. Falsifying time
5. Unsatisfactory performance
6. Other:

Please consider this a notice of corrective action and warning. Failure to adhere to the rules and regulations in the work study programs or that of the college can lead up to termination of employment. Please acknowledge your understanding of this notification by signing below.

Comments:

Student Signature: _____ Financial Aid Signature: _____

Supervisor Signature: _____ Supervisor Print Name: _____

RETURN THIS FORM TO THE FINANCIAL AID OFFICE