



# STUDENT EMPLOYEE TERMINATION REQUEST

Department: \_\_\_\_\_ Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student UTD ID#: \_\_\_\_\_

Please describe the grounds for the termination recommendation:

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The Department has performed the associated corrective actions below in reference to the incident(s):

Verbal Warning    Written Warning    Informal Coaching    Other

If Other, please provide a description:

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We have attached documentation of the incident(s) as well as evidence of prior coaching/ corrective actions taken by our department.

YES

NO

***By signing below, we attest that the information included within this request is accurate.***

Department Contact: \_\_\_\_\_

Direct Supervisor: \_\_\_\_\_

Student Employment Staff Acknowledgement: \_\_\_\_\_