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:

________________________________________________________________________

________________________________________________________________________

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:_____________________________