



Career Services

**ORAL ROBERTS UNIVERSITY STUDENT WORK STUDY  
CORRECTIVE ACTION – WRITTEN WARNING**

Employee Name: \_\_\_\_\_  
Last First Middle Initial

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

The intent of this notice is to inform you that your performance has not been satisfactory for the reasons indicated below and to provide you with an opportunity to cooperate with your supervisor in correcting this situation. If this is not corrected, you will be subject to further disciplinary actions up to and including dismissal.

Supervisor Comments (use additional page if needed):

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Student Employee Comments:

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Signing this form does not indicate agreement, but only that you have been informed of the above action and have received a copy of the corrective action notice.

\_\_\_\_\_  
Student Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

**CAREER SERVICES OFFICE USE ONLY:**

DISTRIBUTION OF FORM: Original to Student Employment, one copy to Supervisor, & one copy to Student

Date Received: \_\_\_\_\_ HM Emailed Date: \_\_\_\_\_ Enter in GHN Date: \_\_\_\_\_