



Financial Aid Services
Attn: FWS Coordinator
151 East 25th Street /Mailbox H-880
New York, NY 10010
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E-mail: financial.aid@baruch.cuny.edu

**FEDERAL WORK STUDY PROGRAM
EMPLOYEE WRITTEN WARNING**

TO: _____
Student (Print)

FROM: _____
Supervisor (Print)

SUBJECT: Written Warning

DEPARTMENT: _____
(Print)

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/Division.

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

- () 1. Failure to report to work as scheduled
() 2. Continued lateness
() 3. Failure to comply with the rules and regulations of the Department/Division
() 4. Poor Work Attitude
() 5. Violation of policies set forth by the Federal Work Study Program
() 6. Unsatisfactory performance
() 7. Other:

Supervisor's Signature _____

Date _____

Student's Signature _____

Date _____

*****Work Study supervisors must return this form to the Financial Aid Office*****

