

PENSACOLA STATE COLLEGE

Incident Report

Student Information

Student Name: _____ Date: _____
Student ID: _____ Job Title: _____
Supervisor: _____ Department: _____

Result of Incident

First Warning

Second Warning

Termination

Type of Offense

Tardiness/Leaving Early

Absenteeism

Violation of Company Policies

Substandard Work

Violation of Safety Rules

Rudeness to Customers/Coworkers

Other: _____

Details

Description of Infraction:

Plan for Improvement:

Consequences of Further Infractions:

Acknowledgement of Report

By signing this form, you confirm that you understand the information in this report. Signing this form does not necessarily indicate that you agree with the warning or reason for termination. If you feel that you have been unfairly reprimanded, see Student Job Services.

Student Signature

Date

Supervisor Signature

Date

Witness Signature (if employee understands warning but refuses to sign)

Date