# Student Employment

## Sample Incident Report

**Name of Employee:** ____________________________

**Job Title:** ____________________________

**Supervisor:** ____________________________

<table>
<thead>
<tr>
<th>INCIDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Time:</td>
</tr>
<tr>
<td>Location</td>
</tr>
</tbody>
</table>

## DESCRIPTION OF INCIDENT


## EMPLOYEE EXPLANATION


## ACTION TO BE TAKEN

- [ ] Verbal Counseling (Does not require signature)
- [ ] Probation
- [ ] Termination
- [ ] Written Warning
- [ ] Suspension
- [ ] Other

Your signature below is to acknowledge you have received this form.

_____________________________  ____________________________
Student Employee  Date

_____________________________  ____________________________
Supervisor  Date