

Work Performance Card

Full Name: _____ Student ID: _____

Department: _____ Position: _____

Supervisor: _____

***The student has not performed satisfactorily and has not met the requirements for this department for the following reason(s):**

Performance Problem: _____

Improvement Suggestions: _____

1st Warning: ___/___/___ 2nd Warning: ___/___/___ Term Date: ___/___/___

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

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Department: _____ Position: _____

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1st Warning: ___/___/___ 2nd Warning: ___/___/___ Term Date: ___/___/___

Student Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____