

# STUDENT EMPLOYMENT TERMINATION GRIEVANCE APPEAL PROCESS

## Maintaining Eligibility

To maintain eligibility for on-campus employment, the student must perform satisfactorily on the job and maintain half-time enrollment status during the fall and spring semesters, maintain the required semester and cumulative GPA, and be in good academic standing with the university.

## Employment Termination

There is no automatic probation period for any student employee. Termination may occur if any of the following situations occur:

1. Student does not make the required semester and cumulative grade point average
2. Student does not maintain half-time enrollment throughout the semester
3. Student does not earn the necessary hours to maintain eligibility
4. Student receives a poor job performance evaluation
5. Student fails to maintain a regular work schedule
6. Student has committed a major offense such as theft, gross misconduct, gross insubordination, etc.

## How To Appeal Employment Termination

1. Student must obtain an Application to Appeal Employment Termination form available in the Student Employment Office.
2. Student must complete SECTION 1 and return the application to the Student Employment Office with attached appropriate documentation to support the appeal.
3. Acceptance of applications is limited to **30 days** following notification of termination. A request for an exception to this limitation must be submitted in writing and is subject to the approval of the Director of Student Financial Aid.
4. Only a complete application with appropriate attached documentation will receive committee consideration. Committee decision will be final.\*

\*\* Second appeals are granted ONLY in exceptional or extenuating circumstances \*\*

## Considerations and Appropriate Documentation

In reviewing an appeal, the Student Employment Committee may take into consideration any of the following:

- Prior work history
- Course load
- Unusual or extenuating circumstances
- Specific class grades
- Reason for termination
- Documentation

Appropriate documentation may include, but is not limited to, the following:

- Transcripts
- Physician notes
- Police reports
- Faculty memos

\* An appeal of the committee's decision will be considered by the Director of Student Financial Aid only if submitted in writing within 10 calendar days of the committee's decision. The Director of Student Financial Aid reserves the right to ask the committee to reconsider an appeal **only** when the appellant provides new or additional information of cause or extenuating circumstances, or additional documentation since the original appeal was considered by the committee.

**Instructions:**

1. Fully complete and return application to the Student Employment Office.
2. Attach appropriate documentation to support the appeal.

**Section 1: To be completed by Appellant**

**PLEASE PRINT ALL INFORMATION**

\_\_\_\_\_  
Name CWID Number Local Telephone Number

\_\_\_\_\_  
Current Local Address: Box Number/Street Name & Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Classification

\_\_\_\_\_  
Major

\_\_\_\_\_  
Anticipated Date of Graduation

\_\_\_\_\_  
Name of Supervisor

\_\_\_\_\_  
Department Where You Worked

\_\_\_\_\_  
Reason given for termination

Had you received verbal or written warning prior to the termination?  Yes  No

Have you appealed employment termination previously?  Yes  No

\_\_\_\_ Total Hours Earned

\_\_\_\_ Cumulative GPA

\_\_\_\_ GPA for last semester of attendance

Give a concise and complete explanation/justification for the appeal; attach appropriate documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Attach additional pages if necessary)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Appellant

**For Office Use Only:**

**Section 2: Schedule of Committee Meeting**

Date & Time of Appeals Committee Meeting: \_\_\_\_\_

Appeal Form Received by \_\_\_\_\_ Date Received \_\_\_\_\_ Time Received \_\_\_\_\_

**Section 3: Committee Action**

Meeting held on \_\_\_\_\_

Committee Action: \_\_\_\_\_ Appeal Approved \_\_\_\_\_ Appeal Denied \_\_\_\_\_ Appeal Pending

Comments: \_\_\_\_\_

\_\_\_\_\_  
Signature, Committee Coordinator

\_\_\_\_\_  
Date