

# 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.

Northwestern State University  
A member of the University of Louisiana System  
Natchitoches, LA 71497

APPLICATION TO APPEAL EMPLOYMENT TERMINATION

**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