



**STUDENT WORKER PROGRAM**  
**HARRIS-STOWE STATE UNIVERSITY**  
3026 LACLEDE AVE., HGA #004, ST. LOUIS MO 63103 (314) 340-3507  
**FAILURE TO COMPLY**

FORM  
**SWP5**

ANY FALSE INFORMATION PROVIDED ON THIS FORM IS A VIOLATION OF THE POLICIES AND PROCEDURES OF THE INSTITUTION AND MAY BE PUNISHED BY THE TERMINATION OF PROGRAM PARTICIPATION.

**STEP 1: DEPARTMENT INFORMATION**

OFFICE NAME:	OFFICE LOCATION:	OFFICE PHONE NUMBER:
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**STEP 2: PARTIES INVOLVED IN VIOLATION**

NAME	ROLE
	STUDENT WORKER    SUPERVISOR    OTHER
NAME	ROLE
	STUDENT WORKER    SUPERVISOR    OTHER
NAME	ROLE
	STUDENT WORKER    SUPERVISOR    OTHER

**STEP 3: VIOLATION DETAILS**

LOCATION VIOLATION OCCURRED:	DATE AND TIME OF VIOLATION:
DETAILS OF VIOLATION:	
WAS THIS VIOLATION REPORTED TO THE SUPERVISOR OF THE OFFICE?                      Y                      N	
IF THE VIOLATION WAS <i>NOT</i> REPORTED, PLEASE EXPLAIN WHY. IF IT WAS REPORTED, PLEASE EXPLAIN WHAT HAPPENED AFTER IT WAS REPORTED.	

**STEP 4: REPORTER INFORMATION**

PRINTED NAME:	SIGNATURE:	DATE AND TIME REPORT WAS FILED:
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