



# CAREER EMPOWERMENT CENTER

Return to:  
Cal State East Bay  
Career Empowerment Center  
Attn: Internship Coordinator  
25800 Carlos Bee Blvd. - SA 2300  
Hayward, CA 94542  
(510) 885-2789  
cherie.randolph@csueastbay.edu

Please complete the Early Internship Termination / Placement Issue Form and return to the Career Empowerment Center - Internship Coordinator.

Date: \_\_\_\_\_

Internship Site: \_\_\_\_\_

Student Name: \_\_\_\_\_

Termination Date: \_\_\_\_\_ Last day of work: \_\_\_\_\_

**Reason for Termination:**

- No Call, No Show
- Poor Performance
- Violates workplace expectations
- Creates workplace concerns
- Other: \_\_\_\_\_

**Documented Disciplinary Action Prior to Termination (please provide copies):**

- Verbal warning(s)    Indicate Date(s): \_\_\_\_\_
- Written warning(s)    Indicate Date(s): \_\_\_\_\_
- No Prior Action

**Explanation (Required):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Intern Acknowledgement:**

My signature indicates that this notice has been discussed with me and that I understand the contents.

\_\_\_\_\_  
Student Intern Signature Date

\_\_\_\_\_  
Supervisor Signature Date