TERMINATION OF EMPLOYMENT

☐ Federal Work-Study  ☐ Institutional Work-Study
(choose one)

Date:
Student Employee’s Name:
Student ID:
Department:
Account #:
Student’s Job Title:
Position # (eg. BS9999-01):
Pay Rate: $
Last working day (be specific):
   NOTE: The student will only be paid for hours worked up to and including this date.

Reason for termination (choose one):
☐ Resigned
☐ Discharged
☐ Transfer

Remarks:

Submitted by:

Please refer to the Student Employment Manual for additional information, if necessary.