



ON-CAMPUS EMPLOYMENT – STUDENT ASSISTANT

TERMINATION FORM

Instructions:

1. Please complete all sections.
2. Return the original copy to the Student Employment Office.
3. Retain a copy for your files.
4. Give a copy to the student assistant.

Name: _____

Employee ID#: _____

Department: _____

Termination Date: _____

Reasons for termination (check all that apply):

- Abandonment of job
- Attendance problem
- Resigned
- Tardiness problem
- Unable to perform duties of job
- Unable to work due to medical reasons
- Other (please specify):

Comments:

Removal of access (check all that apply):

- Parking Decal
- Keys
- Computer Access

Student Signature (if available) Date

Supervisor Signature Date