



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: \_\_\_\_\_

Student ID#: \_\_\_\_\_

Department: \_\_\_\_\_

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

Reasons for termination (check all that apply):

- Abandonment of job
- Attendance problem
- Does not follow instruction(s)
- Does not meet student criteria
- Resigned
- Tardiness problem
- Unable to perform duties of job
- Unable to work due to medical reasons
- Other (please specify):

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Student Signature (if available) Date

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