



STUDENT JOB TERMINATION FORM

STUDENT NAME _____ **E#** _____

Fill out this form if the student is no longer working for you. If the student will be returning to work for you at a later date, do not fill out this form. If you entered an ending date on the Hourly Authorization when hired, do not fill out this form. That ending date is already in the system.

Federal Work-study Students – only fill out this form if they leave your job before the end of the school year. These students already have ending dates in the system.

HOURLY POSITION NUMBER _____

RATE OF PAY \$ _____ PER HR

ENDING DATE _____

PLEASE CHECK THE APPROPRIATE REASON

<input type="checkbox"/> QUIT	<input type="checkbox"/> NO LONGER ELIGIBLE
<input type="checkbox"/> DISMISSED	<input type="checkbox"/> MOVING TO GRADUATE ASSISTANT
<input type="checkbox"/> GRADUATION	<input type="checkbox"/> OTHER

REASON _____

BANNER ORG # _____

DEPT NAME _____

SUPERVISOR'S NAME _____

SUPERVISOR'S SIGNATURE _____ DATE _____

Please send this form to the Student Employment Office, 2020 Old Main