



Student Financial Services **TRMN**

Student Employment Termination Notice

TERM

Resigned Discharged Other

Department: _____ Date: _____

Name of Student: _____ Social Security Number: _____

Job #: _____ Campus: _____ Replacement: Yes No

	Quality of Work	Conduct	Cooperativeness	Attendance
Superior				
Good				
Average				
Poor				

Effective Date of Termination _____ Would you rehire? Yes No

Remarks _____

Authorized Department Signature

Date

FOR OFFICE USE
Reviewed By: _____
Date: _____

**This form must be submitted to Student Financial Services
any time a student is either terminated or resigns.**