



Student Financial Services
Student Employment Termination Notice

TRMN

TERM \_\_\_\_\_

Resigned Discharged Other

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

Name of Student: \_\_\_\_\_ Student I.D. Number: \_\_\_\_\_

Campus: \_\_\_\_\_

Table with 4 columns: Quality of Work, Conduct, Cooperativeness, Attendance. Rows: Superior, Good, Average, Poor.

Effective Date of Termination \_\_\_\_\_ Would you rehire? Yes No

If no, please state reason \_\_\_\_\_

Other remarks \_\_\_\_\_

Note: Once the termination form has been submitted to our office and the student continues to work, it will be the responsibility of the department to pay the student for any unauthorized hours worked.

Authorized Department Signature \_\_\_\_\_ Date \_\_\_\_\_

FOR OFFICE USE ONLY

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

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