STUDENT JOB TERMINATION FORM

STUDENT NAME_____**E#** _____

PLEASE CHECK THE RATE OF PAY THAT APPLIES TO THE TERMINATED JOB

_____**HOURLY** POSITION NUMBER _____

RATE OF PAY $___ PER HR

ENDING DATE_____

OR

_____**SALARIED** POSITION NUMBER_____

RATE OF PAY $____ PER PAY PERIOD

ENDING DATE_____

The salaried ending date must coincide with the end of a biweekly pay period or the rate of pay will be pro-rated by Payroll.

PLEASE CHECK THE APPROPRIATE REASON

☐ QUIT ☐ NO LONGER ELIGIBLE

☐ DISMISSED ☐ OTHER

REASON_____

BANNER ORG #_____

DEPT NAME_____

SUPERVISOR'S NAME_____

SUPERVISOR'S SIGNATURE_____DATE_____