



STUDENT JOB TERMINATION FORM

STUDENT NAME _____

STUDENT E# _____

STUDENT DATE OF BIRTH _____

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.

Position Number: _____

Rate of Pay: \$ _____ Per Hour

Ending Date: _____

SELECT APPROPRIATE REASON FOR TERMINATION:

Quit

No Longer Eligible

Dismissed

Moving to Graduate Assistant

Graduated

Other

Reason: _____

Banner Org # _____

Dept. Name _____

Supervisor Name _____

Supervisor Signature _____ Date _____

By signing this document electronically, I agree that my digital signature carries the same legal weight, validity, and enforceability as my handwritten signature.

COMPLETE AND RETURN TO THE DEPARTMENT
OF HUMAN RESOURCES (ROOM 2020 OLD MAIN)