STUDENT WORKER SEPARATION NOTIFICATION

Complete and return this form when a student is terminated from your department or two weeks prior to the end of the semester if you plan to rehire the student for the following semester or interim period.

Student’s Name ___________________________  Student ID ___________________________

Department ___________________________  Last Day of Employment ____________

Please select a reason:

☐ Separation
☐ Graduation
☐ Withdrawal from courses
☐ Transfer to another department
☐ Unable to comply with hours
☐ Unsatisfactory performance
☐ Other, please explain: ___________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Supervisor ___________________________  Date ______________

Human Resources ___________________  Date ______________