



FEDERAL WORK-STUDY SEPARATION FROM EMPLOYMENT FORM

Please complete this form in entirety and return to Student Payroll Office.

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

Requested End of Employment Date: \_\_\_\_\_

Budget Account Number: 3-51000-1215-5-13200

Name of Employee \_\_\_\_\_ Student ID Number \_\_\_\_\_ Date of birth \_\_\_\_\_
Male \_\_\_\_\_ Female \_\_\_\_\_

Authorized Department Signature (Director) \_\_\_\_\_

Last Day Worked: \_\_\_\_\_ Number of hours worked since last pay period: \_\_\_\_\_

REASON FOR SEPARATION:

- Voluntary Resignation, Personal Reasons, Notice of Dismissal, Hired Off Campus, Abandoned Position, Elimination of Position, Deceased, No Reasons Given, Unqualified for Position, Expiration of Employment Period

Comments: \_\_\_\_\_

PLEASE OBTAIN APPROPRIATE SIGNATURE
Student Work Coordinator \_\_\_\_\_ Date \_\_\_\_\_