



NON WORK-STUDY SEPARATION FROM EMPLOYMENT FORM

The purpose of this form is to document the end of employment for a Non Work-Study employee. Please complete this form and return to Human Resources.

Date: _____

Requested End of Employment Date: _____

Budget Account Number: _____

Name of Employee (Print name)

Student ID Number

Authorized Department Signature - Supervisor

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

(Please make sure a final time sheet is submitted to payroll for this student worker.)

REASON FOR SEPARATION:

- | | | |
|--|---|---|
| <input type="checkbox"/> Voluntary Resignation | <input type="checkbox"/> Personal Reasons | <input type="checkbox"/> Notice of Dismissal |
| <input type="checkbox"/> Hired Off Campus | <input type="checkbox"/> Abandoned Position | <input type="checkbox"/> Elimination of Position |
| <input type="checkbox"/> Deceased | <input type="checkbox"/> No Reasons Given | <input type="checkbox"/> Unqualified for Position |
| <input type="checkbox"/> Expiration of Employment Period | | |

Comments: _____

Received by Human Resources:

Human Resources representative

Date