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:

□ 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:______________________________________________________________________________
                                                                                             
                                                                                             
                                                                                             
                                                                                             
________________________________________________________________________________________

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Received by Human Resources:

________________________________________________________________________________________
________________________________________________________________________________________

Human Resources representative     Date