

Student employee termination plan

Student's name: _____ ID#: _____

Supervisor's name: _____ Phone number: _____

Department: _____ Effective date: _____

Reason for termination:

I certify that the above-named student has been terminated as of the effective date.

Supervisor's signature: _____ Date: _____

Student's signature: _____ Date: _____

This form must be returned with a Student Employee Evaluation. Forms that do not include an evaluation will not be processed.

For Financial Aid Use Only:

Date received: _____ Date processed: _____

Work-study coordinator signature: _____