



STUDENT JOB TERMINATION FORM

STUDENT NAME _____ E# _____

PLEASE CHECK THE RATE OF PAY THAT APPLIES TO THE TERMINATED JOB

HOURLY POSITION NUMBER _____

RATE OF PAY \$ _____ PER HR

ENDING DATE _____

OR

SALARIED POSITION NUMBER _____

RATE OF PAY \$ _____ PER PAY PERIOD

ENDING DATE _____

The salaried ending date must coincide with the end of a biweekly pay period or the rate of pay will be pro-rated by Payroll.

PLEASE CHECK THE APPROPRIATE REASON

____ QUIT

____ NO LONGER ELIGIBLE

____ DISMISSED

____ GRADUATION

____ OTHER

REASON _____

BANNER ORG # _____

DEPT NAME _____

SUPERVISOR'S NAME _____

SUPERVISOR'S SIGNATURE _____ DATE _____