



Payroll
Wells Hall Room 117

STUDENT WORK TERMINATION FORM

(TO BE COMPLETED BY SUPERVISOR/PAYROLL)
RETURN COMPLETED FORM TO PAYROLL

NAME _____ BANNER ID # 900 _____

REASON FOR TERMINATION:

____ WITHDRAWAL FROM SCHOOL ____ GRADUATION ____ ACADEMIC SUSPENSION

____ UNSATISFACTORY PROGRESS (PER FINANCIAL AID) ____ TRANSFER TO ANOTHER JOB
(See student/financial aid handbook)

____ ENROLLED LESS THAN FULL TIME

____ OTHER _____

***INDEX NUMBER: _____

TERMINATION DATE: _____ **DEPT:** _____

SIGNATURE
(STUDENT) _____ AND/OR (SUPERVISOR) _____

DISTRIBUTION:

ORIGINAL- Payroll

Copy of Original-Financial Aid Office Second Copy to Department