



Payroll
Wells Hall Room 113

STUDENT WORK TERMINATION FORM

(To Be Completed By Supervisor, Student or Payroll)

Name: _____ **Banner Id. 900** _____

Position Number: _____ **Department:** _____

Termination Date: _____

Reason for Termination:

____ Withdrawal From School

____ Graduation

____ Academic Suspension

____ Unsatisfactory Progress (per Financial Aid)

____ Transfer to Another Job

____ Enrolled Less than Full Time

____ Other _____

Student Signature

Date

Supervisor Signature

Date

DISTRIBUTION: ORIGINAL- Payroll

Copies to - Financial Aid Office and Department

Payroll Use Only:

Entered By:

Verified By: