

Student Employment Termination

Student employee _____ University ID number _____
 Department _____ Supervisor _____
 Position number(s) _____ Termination date _____
 FOAPAL _____

Would the student be considered for rehire? Yes No

Reason for termination:

Supervisor's comments:

Student's comments:

Supervisor's Signature _____ Date _____

Student's Signature _____ Date _____

Exit Reminders for Supervisor

- Collect office keys, equipment, supplies, etc.
- Remove WINGS Calendar rights
- Address computer access issues/reset passwords
- Remove email address from staff email group
- Temporarily reassign projects or tasks
- Submit a new job posting to Career Services

For Office Use Only

Effective Date of Termination: _____ Date Complete: _____ Initials: _____