



STUDENT WORKER SEPERATION NOTICE

Student Worker Name:

Department Name/Number:

The above-named student worker no longer works for this department. Last day of work is:

Summer Work Ended

Fall Semester Position Ended

Spring Semester Position Ended

Student Resigned

Student Graduated from AMU

Involuntary Termination

Reason for involuntary Discharge:

Would student worker be eligible for rehire within your department? Yes No

If no, please provide explanation:

Has student worker returned all University-owned property if applicable?: (ex: keys, uniform) Yes No

Does student have another student worker position on the AMU campus? Yes No

If so, please list department name and supervisor and instruct student to notify Human Resources to change their home department and time card supervisor:

Department:

Supervisor:

Supervisor Signature:

Date: