



Student Employment Separation Notice

Employee Name: _____ **Student ID #:** _____

Department Name: _____ **Date Employment Will End:** _____

Student Position Title: _____

Reason for Separation: Graduated Quit Fired Lack of Funds Lack of Work Other

Employers Account Number: _____ - _____ - _____

(Account student is being paid out of, 13 digit number)

Employers Account Number: _____ - _____ - _____

(Account student is being paid out of, 13 digit number)

I CERTIFY that the above worker has been separated from work and the information furnished here on is true and correct. This report has been given to the Student Employment Office.

Department/Student Supervisor: _____
(Signature) (Date)

Department/Student Supervisor Printed Name: _____
(Printed Name) (Date)

Student Employment Office: _____
(Signature) (Date)

Notice to Employer:

Within 48 hours of separation you need to submit this form to the department of Human Resources. This process eliminates the chance of a student being overpaid by your department. The Payroll Office and the Business Office will be notified of your decision to release the student worker and on what grounds you have done such.

Student Employment Office
Lower Simmons 104
Phone: 614-8699; Email: hrintern2@leeuniversity.edu

For Office Use Only

Student Employment Office:

Data Entry: _____

Processed: _____

Payroll Office:

Data Entry: _____

Complete: _____