
N I C H O L L S S T A T E U N I V E R S I T Y

STUDENT EMPLOYEE RESIGNATION FORM

Date: _____

To: Assistant Director of Financial Aid/Student Employment

From: _____
(Name)

(Social Security Number)

Re: Resignation of Employment

I hereby resign from my position at _____ effective

_____ due to _____

_____.

Signature

Supervisor's Signature