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

STUDENT EMPLOYMENT TERMINATION FORM

Instructions:

This form must be used by all departments for all involuntary terminations. The completed form and the last timesheet must be sent to the Financial Aid Office. The student will be paid for anytime worked prior to the termination on the next payroll date.

Name of Student

Social Security Number

Department

Semester

Date of Termination

REASON FOR TERMINATION:

Signature of Supervisor

Date

Supervisor's Name (printed)

Phone

Signature of Student Employee(optional)

Date