



**TERMINATION
OF EMPLOYMENT FORM**
(Student Personnel Only)

**OFFICE OF
STUDENT FINANCIAL AID**

Please Type

Date: _____

Student's Name: _____ MU #: | _ | _ | _ | _ | - | _ | _ | _ | _ |
Last First M.

Social Security #: | _ | _ | _ | - | _ | _ | - | _ | _ | _ | _ |

Department: _____ Account #: _____

Student's job title: _____ File #: _____

Student's program (*check one*): FWS RSE

Last working day (*be specific*): _____

NOTE: The M.U. Payroll Department will only pay the student for hours worked up to and including the date shown above.

Reason for termination (*check one*):

Resigned: Remarks: _____

Discharged: Remarks: _____

Transfer: Reason (*check one*):

- FWS depleted, RSE added
- FWS depleted, transfer from MU payroll (off campus FWS only)
- Promotion
- Authorized under wrong work program

Approved: _____
(Administrator, Officer, Dean, Director, Department Chairman, Supervisor)

Please refer to Business Policies and Procedures #V-22 for additional information if necessary.

white - department copy; canary & pink - student employment copies

Office Use Only

SES records adjusted (*date and initials*)

SE98-08