

STUDENT EMPLOYEE TERMINATION FORM
Department of Student Financial Assistance
320 Potter Hall

Complete Sections I, II & III for termination of an employee. Return the original copy to Student Employment and retain a copy for your files.

Section I: Student and Departmental Information

Student Name

Social Security Number or WKU ID

Department

Banner Index Number

Section II: Termination Information

Date of Termination

Index Number

Reason for Termination _____

Would you re-employ? ____ (Yes) ____ (No)

Would you recommend WKU re-employ? ____ (Yes) ____ (No)

Section III: Signature. Supervisor and/or department head should sign where indicated.

Supervisor Signature

Date