

FINANCIAL AID SERVICES

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STUDENT WORKER JOB SEPARATION/TERMINATION FORM

Academic Year:	Select One:	03 Worker	04 Worker
Student Name:		CWID:	
Student Job Title:	Department:		
Supervisor: Supervisor Phone#:			
Supervisor Email: Last Date of Employment:			
Part I: Type of Separation:			
Voluntary Separation: The student has decided to resign	n from the above position du	e to the following	reason(s):
Position eliminated - Date eliminated:			
Student has never shown up for work			
Job Dissatisfaction (Attach Resignation Letter)			
Found New Campus Job (Attach Resignation Le	etter)		
Other:			
Termination: The student has been terminated from the	ne above position due to the	following reason(s	s):
Poor Performance			
Behavioral Misconduct			
Poor Attendance			
Falsification of time worked reported on times	sheet		
Violation of University Policies			
Other:			
**Discipline Procedures: In compliance with the t	termination policies set forth	in the Student Em	ployment Manual:
A verbal warning was given Date:			
A written warning was issued Date:			
Other:			
Part II: Signatures:			
I/We certify that the terms of this separation/term taken, and appropriate documentation is attached.		ave been discuss	ed, the proper steps have been
Employee Signature:		Da	te:
Supervisor Signature:		Da	te: