



Employee Name _____ DU ID _____

Department _____ Job Title _____

Supervisor Name _____ Supervisor Email and Phone Number _____

Students who vacate their current position must complete this form with their supervisor within three days of separation. Please read carefully and complete all sections.

Voluntary Termination

The student has resigned or taken a leave of absence from the above position due to the following reason(s):

- Withdrawal from the University, No Show, School/Work Conflict, Study Abroad, Job Dissatisfaction, Graduated, New Campus Job, Exhausted Work Award Funds, Other.

Involuntary Termination

The student has been terminated from the above position due to the following reason(s):

- Poor Performance, Poor Attendance, Behavioral Misconduct, Other.

Discipline Procedures

In compliance with the termination policies set forth in the Student Employee Supervisor Handbook:

- Verbal Warning was Issued, A Written Warning was Issued, A Termination Notice was Issued, Other.

I/We certify that the terms of this leave of absence/termination of employment have been discussed, the proper steps have been taken, and the appropriate documentation is attached. Return this form within three days of separation.

Student Signature, Supervisor Signature, Student Employment Processed, Date.

