Student Employee Job Separation/Termination Form

Name (student employee): __________________________________________ CC ID: _______________________

Student job title: _______________________________________________________________________

Supervisor name: _________________________________________________________________

Department: ____________________________ Supervisor extension: _________________

**Supervisors do not need to complete this form for student employee’s employment ending due to graduation.

Option I: Voluntary Separation

The student has decided to resign from the position above due to the following reason(s):

- Position elimination Date of resignation: ________
- Student has never shown up for work Date of resignation: ________
- Job dissatisfaction (Attach resignation letter) Date of resignation: ________
- Found new campus job (Attach resignation letter) Date of resignation: ________

Option II: Termination

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

- Poor performance Date of termination: ________
- Behavioral misconduct Date of termination: ________
- Poor attendance Date of termination: ________
- Violation of CC policies Date of termination: ________
- Other: __________________________ Date of termination: ________
Option III: Signature

I/We certify that the terms of this separation/termination of employment have been discussed, the proper steps have been taken, and appropriate documentation is attached. This signature does not constitute agreement only acknowledgement. Return a copy of this form to the Office of Financial Aid & Student Employment.

Student’s Signature ____________________________ Date ____________

Supervisor’s Signature ____________________________ Date ____________