



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 from the above position due 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 Letter)

Other: _____

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

Poor Performance

Behavioral Misconduct

Poor Attendance

Falsification of time worked reported on timesheet

Violation of University Policies

Other: _____

****Discipline Procedures:** In compliance with the termination policies set forth in the *Student Employment 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/termination of employment have been discussed, the proper steps have been taken, and appropriate documentation is attached.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Submit original document to: 03 Worker – Human Resources or 04 Worker – Financial Aid Services