



GRADUATE ASSISTANT NOTICE OF SEPARATION FORM

NOTE: Please notify W K H * U D G X D W H 6 F K R R O of advance of employee's last day worked, if possible.

TO: 7 K H * U D G X D W H 6 F K R R O

FROM: , Department Head/Director

DATE:

Employee Name:

Empl ID:

Title of Position:

Employment Type: GA RA TA

Termination Effective Date:

Last Day Worked:

- Reason:
- 1. Resigned
 - 2. Terminated
 - 3. Contract not renewed
 - 4. No longer eligible for student employment
 - 5. Other

If reason is #1, 2, 3, or 5, please provide additional comments or explanation:

If a resignation letter was submitted, please forward to W K H * U D G X D W H 6 F K R R O.

Signature:

Department Head/Director