

STUDENT EMPLOYEE TERMINATION FORM

Student's Name _____

SPSCC Student ID _____

Department _____

Student/Employer Initiated (Please circle one)

Supervisor Section

Student's last day of work: _____

Reason for termination:

(Please attach copies of all warnings and/or termination letters if not already forwarded to the Student Employment office)

I certify that I have been notified by the student of this termination and that I have followed the guidelines for the employer initiated termination as stated in the Student Employment for Supervisor Orientation.

Employer Signature _____

Student Section

I have notified (or been notified by) my employer of this termination and agree to work until the date stated above.

Reason for termination:

Student Signature _____