



GRADUATE ASSISTANT NOTICE OF SEPARATION FORM

NOTE: Please notify WKH * UDGXDWH 6FKRRO of advance of employee's last day worked, if possible.

TO: 7KH * UDGXDWH 6FKRRO

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 WKH * UDGXDWH 6FKRRO.

Signature:

Department Head/Director