



# STUDENT TERMINATION FORM

## TO BE COMPLETED BY DEPARTMENT:

**Termination Category:** \_\_\_\_\_

**Termination Reason:** \_\_\_\_\_

**Employee Name (Last, First, MI):** \_\_\_\_\_

Banner ID: \_\_\_\_\_ Username: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

Ending Job/Position Number(s): \_\_\_\_\_

**Does the Department plan to rehire the student for a future semester?**      **Yes**      **No**

**If yes, please enter when the Department expects to rehire the student:**

Academic Year: \_\_\_\_\_

Employee Forwarding Address (US Mail): \_\_\_\_\_

Employee Forwarding (External) Email Address: \_\_\_\_\_

Department Support Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## SUPERVISOR CHECKLIST (FOR DEPARTMENTAL USE ONLY)

Employee has completed/returned the following:		Employee has completed/returned the following:	
Written notice/letter of resignation		LCC Credit Card/P-Card	
Keys		Forwarding (US Mail) Address	
StarCard (re-coded as non-employee)		Forwarding (External) Email Address	
Manuals, handbooks, physical records, & documents		Departmental Exit Checklist (if applicable)	
Laptop/Computer Equipment		Electronic records & documents including email & system/software log-ins	
Cell Phone		Other:	

## TO BE COMPLETED BY HUMAN RESOURCES:

Labor Relations Authorization for Involuntary Terminations Only:

**Administrative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_