



GRADUATE ASSISTANT JOB TERMINATION FORM

STUDENT NAME _____ E# _____

SALARIED RATE OF PAY \$ _____ PER PAY PERIOD

LAST DATE WORKED _____

PLEASE CHECK THE APPROPRIATE REASON:

RESIGNED _____

NO LONGER ELIGIBLE _____

DISMISSED _____

OTHER _____

REASON _____

BANNER ORG # _____

DEPT NAME _____

SUPERVISOR'S NAME _____

SUPERVISOR'S SIGNATURE _____

DATE _____