



WAGNER COLLEGE

Office of Financial Aid Student Employment Program Termination Form

This form is to be completed upon the termination of a student employee from a Student Employment position.

Student Employee's Name

ID#

Position Title

Supervisor's Name

Dept. & Dept #

Please note the reason for termination:

Student Resignation

Termination by department (please list reason below and attach copies of Student Evaluation and any documentation that is pertinent)

Additional

Information: _____

Student's Signature

Date

Supervisor's Signature

Date

For Office Use Only:

Assign. Ended _____ HR notified _____ FAA _____