

**WAGNER COLLEGE**  
Office of Financial Aid  
Student Employment Program  
Termination Form

This form must 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)

Additional information:

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

For Office Use Only: Assign. Ended _____ HR notified _____ FAA _____
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