Student Payroll
37 College Avenue
Gorham ME 04038-1032
(207) 780-5202
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STUDENT EMPLOYEE JOB TERMINATION

Personnel Action Form

Name (Last, First MI):		Employee ID#:	
Dept ID:		Dept Name:	

Reason for Job Termination	
☐ Resignation ☐ Discharge ☐ Death ☐ Funding Expiration ☐ Graduated ☐ Left University Last Date Worked _____/_____/_____	☐ Other

Instructions:

Please complete as soon as a student employee ceases to work for your department. Forward the signed original to the **Student Payroll** office, McLellan House, Gorham Campus. *Signature of the Department Head/Supervisor is required. Other approvals are for your use as required.*

Department Head/Supervisor	Date	Recommended	Date
Approved	Date	Approved	Date
Approved	Date	Student Payroll	Date