Student Employment
Notice of Termination/

Please attach this form to the student’s last timesheet and submit both forms to the Office of Student Financial Services when termination of employment occurs.

This form should be completed in triplicate (one copy for the student, employing department/office, and the Office of Student Financial Services).

Check one:

Termination
Separation

Complete the following information:

Student’s Name: ____________________________  Student ID#: _______________________

Last date of employment: ______________________

Reason for termination/separation:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Was the student in good standing as a student worker upon termination/separation?  Yes  No

Would you rehire this student?  Yes  No

Name of Department/Office: ______________________________________________________

Supervisor’s Signature: ____________________________  Date: ____________

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Lincoln University - Office of Student Financial Services - 820 Chestnut Street - 103 Young Hall - Jefferson City, MO 65101
(573) 681-6156 - (573) 681-5871 fax - financialaid@lincolnu.edu

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