



STUDENT TERMINATION FORM

TO BE COMPLETED BY DEPARTMENT:

Termination Category: _____

Termination Reason: _____

Employee Name (Last, First, MI): _____

Banner ID: _____ Username: _____ Last Day Worked: _____

Ending Job/Position Number(s): _____

Does the Department plan to rehire the student for a future semester? **Yes** **No**

If yes, please enter when the Department expects to rehire the student:

Academic Year: _____

Employee Forwarding Address (US Mail): _____

Employee Forwarding (External) Email Address: _____

Department Support Name: _____

Supervisor Name: _____

Supervisor Signature: _____ **Date:** _____

SUPERVISOR CHECKLIST (FOR DEPARTMENTAL USE ONLY)

| Employee has completed/returned the following: | | Employee has completed/returned the following: | |
|--|--|--|--|
| Written notice/letter of resignation | | LCC Credit Card/P-Card | |
| Keys | | Forwarding (US Mail) Address | |
| StarCard (re-coded as non-employee) | | Forwarding (External) Email Address | |
| Manuals/handbooks | | Departmental Exit Checklist (if applicable) | |
| Laptop/Computer Equipment | | Other: | |
| Cell Phone | | Other: | |

TO BE COMPLETED BY HUMAN RESOURCES:

Labor Relations Authorization for Involuntary Terminations Only:

Administrative Signature: _____ **Date:** _____