



Student Employee Name:	A#:
Student Job Title:	
Supervisor Name:	
Department:	
Contact Number:	

Note: Supervisors do not need to complete this form for student employee’s employment ending due to graduation.

Option I: Voluntary Separation

The student employee has decided to resign from the position above due to the following reason (s):

<input type="checkbox"/> Job Dissatisfaction	Date of resignation:
<input type="checkbox"/> Found new campus job	Date of resignation:

Option II: Termination

The student employee has been terminated from the above position due to the following reason(s):

<input type="checkbox"/> Poor performance	Date of termination:
<input type="checkbox"/> Behavioral misconduct	Date of termination:
<input type="checkbox"/> Poor attendance	Date of termination:
<input type="checkbox"/> Violation of SEC/ASU policies	Date of termination:
<input type="checkbox"/> Position elimination	Date of termination:
<input type="checkbox"/> Student never showed up for work	Date of termination:
<input type="checkbox"/> Other:	Date of termination:

Note: Please attach any supporting documents for terminations such as: time sheets, performance evaluations, etc.

I/We certify that the terms of this separation/termination of employment have been discussed, the proper steps have been taken, and appropriate documentation is attached. This signature does not constitute agreement only acknowledgement. Return a copy of this form to the Student Employment Center in the Office of Human Resources Management.

Students Signature:	Date:
Supervisor’s Signature:	Date:

EEO Statement:

Alcorn State University does not discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, age, disability, or other factors prohibited by law in any of its educational programs, activities, services, admissions, or employment practices.