



# Student Employment Notice of Termination/Separation

Please attach this form to the student's last timesheet and submit both forms to the Department of Student Financial Aid when termination of employment occurs.

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

**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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