



**Academic Affairs Student Worker Departure Form**

School/Department: \_\_\_\_\_ Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Reason for Departure.

Would you recommend them for hiring elsewhere on campus? YES NO

Were they hired through Online Work Study system? YES NO

*If so, be sure to mark them "unhired" on departure date through the Online Work Study system.*

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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*For Academic Affairs Office use only:*

Approved Not Approved

\_\_\_\_\_  
Dr. Thomas Sanders, Provost & Vice President of Academic Affairs

\_\_\_\_\_  
Date