

## College of St. Scholastica Student Employment Dismissal Form

Student Employment termination policy is documented on page 10 of the Student Employment Handbook.

Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Department: \_\_\_\_\_ Position: \_\_\_\_\_

Student's Supervisor: \_\_\_\_\_

Reason for Dismissal:

Attempts made to resolve the issue and/or communicate with the student:

Dismissal Date: \_\_\_\_\_

I verify that all hours worked have been entered, submitted and approved through the appropriate payroll process.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Please attach copies of e-mails or other documentation, if available, to support above action. Keep one copy for your files, and forward one copy to the Student Employment Office (Financial Aid), attn: Jonna Marholz.