

Del Mar College Student Employee Termination Form

Student's Name:	ID#:	Date of Birth: (Month/Day/Year)
Employing Department:	Job Location:	Room Number:
Supervisor's Name:	Telephone Ext.:	Date Employment Ended: (Month/Day/Year)

REASON FOR TERMINATION:

SIGNATURES:

Employee	Date
Supervisor	Date
Department Chair	Date
Division Dean	Date

Please note that the student should sign this form if they are terminated for reasons other than graduation. Should the student fail to return to work or refuse to sign the form please have the Dean or Department Chair sign and return the form to the Financial Aid Office.