



**GRADUATE ASSISTANT NOTICE OF SEPARATION FORM**

*NOTE: Please notify the Graduate School at least 24 hours in advance of employee's last day worked, if possible.*

**TO:** The Graduate School

**FROM:** \_\_\_\_\_, Department Head/Director

**DATE:**

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**Employee Name:**

**Empl ID:**

**Title of Position:**

**Employment Type:** GA RA TA

**Termination Effective Date:**

**Last Day Worked:**

- Reason:**
1. Resigned
  2. Terminated
  3. Contract not renewed
  4. No longer eligible for student employment
  5. Other

**If reason is #1, 2, 3, or 5, please provide additional comments or explanation:**

**If a resignation letter was submitted, please forward to the Graduate School with this notice.**

Signature:

Department Head/Director