

CAMERON UNIVERSITY

Student Employment Status

The following information is used to ensure we accurately pay employees, are aware of continued employment or terminations and maintain the integrity of the employee information in our hiring system. Please complete all lines/blanks.

Employment Status Information

NAME: _____ ID # _____

DEPARTMENT NAME: _____ DEPT. ACCOUNT #: _____

DEPARTMENT HEAD: _____ SUPERVISOR: _____

LAST DATE OF EMPLOYMENT _____

RESIGNATION/TERMINATION REASON:

____ Resignation ____ Project completed ____ Graduated ____ Terminated for Cause

Student Signature (if available)

Date

Signature of Approving Authority (Dean/Chair/Dir)

Date

TO BE COMPLETED BY THE HUMAN RESOURCES DEPARTMENT:

Date Received _____ Date Processed in Banner: _____ Completed by (initials): _____