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:	SU	PERVISOR:	
LAST DATE OF EMPLOYM	ENT		
RESIGNATION/TERM	IINATION REAS	ON:	
Resignation Proj	ect completed G	raduated Terminated	l for Cause
Student Signature (if availabl	a)	Date	
Student Signature (ir avanasi	()	Date	
Signature of Approving Auth	ority (Dean/Chair/Dir)	Date	
TO BE COMPLETED BY THE	HUMAN RESOURCES D	EPARTMENT:	
Date Received Date Pr	ocessed in Banner:	Completed by (initials): _	