



COUNSELING & PLACEMENT CENTER

JOB RELEASE

I. STUDENT COMPLETES THIS SECTION:

I, _____, a student worker, request

() Resignation () Change of Job Site () Other _____ for the following reason(s):

Student's Signature

____/____/____
Date

SSN#

II. SUPERVISOR COMPLETES THIS SECTION:

____As the student's supervisor, I am notifying the Office of Student Employment that the above mentioned student is no longer employed under my supervision. I understand that an immediate replacement is not guaranteed by the OSE.

Reasons:

Department

____/____/____
Student's Job End Date

Supervisor's signature

____/____/____
Date

FOR OFFICE OF STUDENT EMPLOYMENT ONLY:

____As the Program Specialist, I understand that the above referred student is no longer employed by the above referenced department.

Comments:

Program Specialist's signature

____/____/____
Date

Director of Counseling & Placement

____/____/____
Date