



Student Employment Exit Form

Supervisor Name: _____

Department: _____

Last Semester of Employment: ☐ Fall 20__ ☐ Spring 20__ ☐ Summer 20__

Part A: Employee Information

Last Name: _____ First Name: _____ MI: _____ Palomino ID: _____

Part B: Reason Employee is no longer returning:

- ☐ Employee Graduated/Transferred ☐ Employee Not Enrolled at LC ☐ Employee not interested in returning for employment.
- ☐ Disciplinary Issues (*Department must have supporting documentation.*) ☐ Other (*Please specify.*) _____

Supporting Documentation:

- ☐ Letter of Resignation
- ☐ Recommendation for Termination Memo

Last Working Date: _____

Supervisor

Signature: _____

Date: _____

For Office Use Only.

☐ Human Resources Notes: _____

☐ NBAJOBS Position Code Removed

Signature: _____

☐ Payroll Notes: _____

Last Payroll Date: _____ Signature: _____

☐ Information Technology Notes: _____

Remove Access to Banner SaaS: ☐ Yes ☐ N/A

Remove Access to VPN: ☐ Yes ☐ N/A

Remove Access to Shared Folders: ☐ Yes ☐ N/A

Remove Access to Shared Inboxes: ☐ Yes ☐ N/A Signature: _____

☐ Student Life Notes: _____

☐ Remove Student Employment ID Access Signature: _____

☐ Office of Financial Aid Notes: _____

☐ Exit Paperwork

☐ Adjust Award Signature: _____

STUDENT EMPLOYMENT

Office of Financial Aid • Fort McIntosh Campus • West End Washington Street • Laredo Texas 78040 • 956-764-5796 • workstudies@laredo.edu