

Student Hourly Employment

☐ NOTICE of RESIGNATION ☐ NOTICE of TERMINATION

Name: _____ Last day of work: _____

Reason:

Reason for termination:

- ☐ Accepted other employment
- ☐ Education
- ☐ Graduation
- ☐ Military service
- ☐ Personal
- ☐ Non-competitive salary
- ☐ Other: _____
- ☐ Termination by Supervisor

Forwarding address: _____

Employee's signature

Supervisor's signature

Date

Date

Return to ECpE Main Office Department Secretary on last day of employment

<<<For Office Use Below>>>

☐ Department Secretary Copy

_____ **EQUIPMENT:** Account for and verify the return of university equipment; Confirm with any department inventory sheets maintained in the Main Office or employing unit

_____ **KEYS:** Collect and return keys to departmental key coordinator to return to FP&M, 108 Gen. Serv. Bldg.

_____ Notify FP&M Building Access Services to deactivate the building access card (if applicable) using online process at <https://www.fpm.iastate.edu/buildingsecurity/coordinators/login.asp>

_____ Notify csg@iastate.edu to deactivate the room access (prox/swipe, if applicable)

☐ Accounting Specialist Copy