Salisbury UNIVERSITY

GRADUATE SCHOOL

GRADUATE ASSISTANT NOTICE OF SEPARATION FORM

NOTE: Please notify the Graduate School at least 24 hours in advance of employee's last day worked, if possible.

TO: The Graduate School

FROM: _____, Department Head/Director

DATE: _____

Employee Name: _____ **Empl ID:** _____

Title of Position: _____

Employment Type: GA ☐ RA ☐ TA ☐

Termination Effective Date: _____

Last Day Worked: _____

Reason:

1. Resigned ☐
2. Terminated ☐
3. Contract not renewed ☐
4. No longer eligible for student employment ☐
5. Other ☐

If reason is #1, 2, 3, or 5, please provide additional comments or explanation:

_____

If a resignation letter was submitted, please forward to the Graduate School with this notice.

Signature: _____

Department Head/Director