STUDENT EMPLOYEE SEPARATION FORM

Email completed form to stuempl-library@berkeley.edu

Employee Name: *	
Employee ID Number: *	
Last Day of Work: *	

☐ **Student has Card Key Access**

Please close account on _____ (date) and provide the six digit value on the back of their Cal 1 Card _____

Type of Separation (check one box): *

☐ Involuntary

☐ Voluntary *with* 72-hour notice

☐ Voluntary *without* 72-hour notice

Reason for Separation: *

Supervisor's Name: * _____

Date: * _____