

STUDENT EMPLOYEE SEPARATION FORM

Email completed form to stuempl-library@berkeley.edu

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

Student has a Millennium account
Please close account on _____ (date)

Student has a Card Key Access
Please close account on _____ (date) and provide the six digit value on back of the Cal 1 Card _____

Type of Separation (check one box): *

Involuntary

Voluntary *with*
72-hour notice

Voluntary *without*
72-hour notice

Reason for Separation: *

Please do not project the student's pay. The student must clock in every day that he or she works, including the very last day of employment. Students will be paid every other Wednesday based on the new campus bi-weekly pay cycles.

Supervisor's Name: *

Date: *

(optional)
Additional
Comments:

LBS/LHRD use only:

HCM termination effective date:	Action/Reason:	Date HCM Updated:	Workstudy Code: