STUDENT EMPLOYEE SEPARATION FORM

Email completed form to stuempl-library@berkeley.edu

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

Type of Separation (check one box): *

☐ Involuntary

☐ Voluntary *with* 72-hour notice

☐ Voluntary *without* 72-hour notice

Reason for Separation: *

Do not include medical or personal information.

Supervisor's Name: * _____

Signature: * _____

Date: * _____

*Please attach resignation/separation notice