



ORAL ROBERTS UNIVERSITY
STUDENT WORK STUDY
STUDENT EMPLOYMENT TERMINATION FORM

Name: _____ Student Z#: _____
Last First Middle Initial

Student Position Title: _____ Termination Date: _____

Termination: ☐ Voluntary ☐ Involuntary Student gave notice: ☐ Yes ☐ No

Reason for Termination:

- ☐ Another job ☐ Job dissatisfaction ☐ Work study award depleted
☐ Conflict with school/work schedule ☐ Conflict with/supervisor or peers ☐ Job performance
☐ Misconduct ☐ Job abandonment ☐ Other _____

Further Explanation (attach additional documentation as needed): _____

Department: _____ Org./Cost Ctr. Code#: _____

Supervisor's Name: _____ Date: _____

Supervisor's Signature: _____

(Supervisor's: Please E-mail a copy to studentemployment@oru.edu and retain a copy for your departmental records.)