



**CHATTANOOGA STATE COMMUNITY COLLEGE
SEPARATION/TERMINATION FORM**

Complete and submit this form when a student is terminated from your department. If a student drops below half-time, withdraws, or graduates, the employee will be terminated by the close of the next pay period.

Student's Name	Social Security Number	Banner ID
Mailing Address	City/State	Zip Code
Department	Account Number	Last Date of Employment

PLEASE SELECT A SEPARATION/TERMINATION REASON:

- Assignment ended
- Change from Federal Work Study Program to Institutional Student Employment
- Change from Institutional Student Employment to Federal Work Study Program
- Enrolled for insufficient hours (dropped to less than half-time)
- Withdrawal from school
- Graduated
- Transfer to another department
- Unable to comply with hours
- Unsatisfactory performance
- Other _____

Student's Signature	Date
Supervisor's Signature	Date