



# CONCLUSION OF APPOINTMENT FORM

For Student Employees, Hourly Employees and Adjunct Instructors

Employee's Name: \_\_\_\_\_ Employee's S-Number: \_\_\_\_\_

Position Title: \_\_\_\_\_ Direct Supervisor: \_\_\_\_\_

Does the employee work in another department?  Yes  No  Don't know **Last Date of Work:** \_\_\_\_\_

## Why is the appointment concluding?

**Loss of Eligibility (Student Employee)** - Student will not be enrolled in the required minimum of 6 credit hours in the coming semester and is therefore ineligible for student employment.

**Loss of Work-study funds (Work-Study Employee)** – Student will not receive work-study funds in the coming semester due to institutional policy or personal eligibility and the department does not have funding to retain employee in an hourly context.

**Reduced/Inadequate Departmental Funding** – The departmental budget cannot accommodate additional/ongoing hourly employment.

**Circumstantial Reduction of Available Work** – Due to reduction of in-person campus services or changes to departmental functionality, there is inadequate available work to retain the employee.

**Position Suspended** – The employee will not work for a period of up to four months (\_\_\_\_\_ - \_\_\_\_\_) but is expected to return to work.

**Voluntary Resignation** – The employee is choosing to conclude their current appointment with this department.

### Reason for resignation:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ S-number: \_\_\_\_\_ Date: \_\_\_\_\_

### Human Resources Use Only

Effective Date: \_\_\_\_\_ Was there a pre-determined end date for this employee? If so, date: \_\_\_\_\_

Will the employee remain active with another department?  Yes  No Reviewed/Approved by: \_\_\_\_\_

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