

Exit Student Employee Information Sheet

Work Location: _____ (Box Office, Forsyth, PNC, SPO etc.)

First Name Middle Initial Last Name

Last day worked (month/day/year) _____

Reason for leaving: _____

Last paycheck: If you would like your last paycheck(s) mailed to you, please furnish a self-addressed stamped envelope for each one to Betty Robinson, Room 216-H

Permanent address for sending W-2 forms to:

Student Signature:

Date:



To be filled out by the employer / supervisor:

1. Reason for termination: _____

2. Is re-employment recommended? Yes _____ No _____
If no, please explain:

Approved By:

Date:

**Please return completed form to Betty Robinson in Room 216-H
MSC Student Programs Office**