

Longwood University Student Employment Program  
**RESIGNATION FORM**

*Supervisor should keep a copy for department records.*

*Forward original to the Student Employment Office immediately after employment ends.*

Student's Name: \_\_\_\_\_ LU ID # \_\_\_\_\_  
PMIS # \_\_\_\_\_ (Required)  
 I wish to **resign** from my position in the \_\_\_\_\_ Dept./Office effective \_\_\_\_\_  
 I have completed, signed and submitted a final time sheet  
(*Time sheets will not be accepted once the student has been removed from payroll.*)  
 I wish to **transfer** to another position effective \_\_\_\_\_. I understand this transfer is **subject to approval by my current supervisor** and the Student Employment Manager. I **may not** begin work until this approval has been made and authorization has been received for the new position.  
**Transfers are allowed only at the end of a semester-- at the end of the pay period.**  
Reason for leaving \_\_\_\_\_  
Additional comments \_\_\_\_\_  
Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**TO BE COMPLETED BY SUPERVISOR**  
Length of notice \_\_\_\_\_ Attendance \_\_\_\_\_ Job Performance \_\_\_\_\_  
Conduct \_\_\_\_\_ Eligible for rehire  Yes  No (if "No", please explain)  
Additional comments \_\_\_\_\_  
Dept/Office \_\_\_\_\_ Budget Code \_\_\_\_\_  
**Last day student worked** \_\_\_\\_\_\_\\_\_\_ (Required)  Final time card has been submitted to the Payroll Office  
*If Student was terminated please provide information below and/ or attach documentation.*  
Reason for termination \_\_\_\_\_  
Date of termination \_\_\_\_\_ Comments \_\_\_\_\_  
Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

SEO USE ONLY	<input type="checkbox"/> Banner <input type="checkbox"/> DB	PAYROLL USE: <input type="checkbox"/> Cipps <input type="checkbox"/> Dist
BY: _____	Date _____	