

# TERMINATION AND RAISE FORM FOR STUDENTS

(Send all changes to: Library Human Resources, Rm. 1-358 LIB, M/C 234)

Name: \_\_\_\_\_ UIN: \_\_\_\_\_

## Termination:

Last Day Worked: \_\_\_\_\_ Would you rehire?: Yes \_\_\_\_\_ No \_\_\_\_\_

Reason, if no: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Systems Authorization Deleted by \_\_\_\_\_ Date: \_\_\_\_\_

Keys returned to: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**If employment is less than one year, a memo must be attached from your Department Head to the University Librarian.**

## Recommendation for Raise:

Date of recommendation: \_\_\_\_\_

Reason for recommendation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Department Head Signature: \_\_\_\_\_

Authorization/Human Resources Librarian: \_\_\_\_\_

NAME: \_\_\_\_\_ UIN: \_\_\_\_\_

Department: \_\_\_\_\_