

Voluntary Student Assistant Separation Request

Coyote ID:	First Name:	Last Name:
Record No:	Department :	
Reason: Check All that	apply	
Resig	ned Graduated	Student to Staff
Justification:		
People Soft Informat	ion:	
Last Physical Date V	Vorked:	Effective Date:
Position Number:		(Office Use Only)
Account Number:		Job Code:
Required Signatures		
Timekeeper:	Timekee	per PS Empl ID:
Hiring Supervisor: _	Depar	rtment: Ext:
Hiring Supervisor Si	gnature:	Date:

* This form may not be used for FWS

Last Updated: SA&TM/SE 5/25/17