

Temporary Employment

End of Assignment Form

Today's Date: _____

Employee Name: _____

Person ID: _____

Department: _____

Supervisor's Name: _____

Effective Date: _____ **Last Day Worked:** _____

Reason (Please check one):

- Assignment completed
- Voluntary resignation (employee initiated)
- Other (department initiated)

Describe Circumstances: _____

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____

Please complete and return this form to the Temporary Employment office by faxing to (859) 257-7464 or send the original via campus mail to: Temporary Employment, 103 Scovell Hall, 0064.