LIBRARY PAYROLL AUTHORIZATION REQUEST
PAR

Student Payroll Termination

Name: _____ _____ _____
(Last) (First) (M.I.)

Person ID Number: _____

Personnel Number: _____

Department: _____

Supervisor: _____

Effective End Date: _____

Last Pay Rate: _____

Date of Last Day Worked:_____

Address: _____

Phone No.: _____

Presently working for another department on campus?

☐ Yes ☐ No If yes, department name and number of hours: _____

Presently working for another department in the Library?

☐ Yes ☐ No If yes, department name and number of hours: _____

Termination reason:_____

_____
Authorizing Signature

_____
Printed Name