

Notification of Student Separation from Employment & Request for Final Pay - Form 109

Student Employee Name			CSUB ID #	Position #			
Separating Department Name		Dept ID	Form Comp	mpleted By		Extensi	on
Dismissal							
Reason:							
Effective Da	ate of Dismissal:						
this date with t	yees being dismissed from a departme he Payroll Office. A minimum of three Chancellor's Office HR 2003-15).						
Resignatio	n						
Reason:							
Effective Da	ate of Resignation:						
	Separating Student Employee I	<u>nformation</u>					
	Please answer the following qu			YES	NO		
	Are you currently employed in an Are you leaving this position to ac						
	Have you submitted your final tin	•	•				
regular studen	yees accepting employment with anoth t payday. If resigning position to work o paid within seventy-two hours of sepa	off-campus or lea	ving school, a letter of resign	ation mu			
Signatures							
	nat the employee named above has b final timesheet) is attached for calcula			s departr	ment. Suլ	oporting	
Department Head (Print)		Department He	ead Signature	Date			
Resignation I hereby certify t	hat the above information is true and	d correct.					
Student Employee Name (Print)		Student Employ	vee Signature				