

## Student Worker Exit Date

**This form is to be completed by the supervisor, department chair, director or assigned designee prior to an employee's departure from OPSU.**

**The supervisor must provide this form to the OPSU HR Department.**

**Employee:** \_\_\_\_\_ **ID #** \_\_\_\_\_

**Position #:** \_\_\_\_\_

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

**Termination Date:** \_\_\_\_\_

**Please indicate below the status of this student employee:**

Graduated \_\_\_\_\_ Transferred/Not returning \_\_\_\_\_

**Supervisor Print Name:** \_\_\_\_\_

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

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**\*\* Please have student provide a forwarding address for payroll and tax purposes. \*\***  
(Final paychecks and/or W2 information will be sent to this address.)

**Forwarding address:** \_\_\_\_\_

\_\_\_\_\_

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