**BARTON COMMUNITY COLLEGE**  
**Student Employment Termination Memo**

Employee:       Date:

Supervisor:       Department:

The purpose of this memo is to inform you of your dismissal from your student employment position for cause based on the following conduct and/or work performance concerns:

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

Supervisor’s Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Please note: Before presenting the termination memo to the employee, it must be reviewed and approved (signed and dated at the bottom of the form) by the supervisor’s supervisor. Also, a copy of the finalized termination memo must be sent to the Office of Human Resources for inclusion into the student employee’s personnel file.

4/20/15