

Wage Termination Form

Employee Name (*Last, First*)

PSU ID Number

College

Department

Supervisor Name

Terminate from the following position(s):

Title: _____

Effective Date: _____

Reason for termination:

- Accepted permanent position
- Work/assignment completed
- Non-returning student
- Other (please briefly explain)

HR 102 Transfer/Separation Checklist will be completed.

Please save a copy of this form and email as an attachment to the HR Transactional Support Center at HRtsc@psu.edu.