

Pasadena Area City College District
Office of Human Resources

REQUEST FOR TERMINATION OF ASSIGNMENT

Employee (Last Name, First) _____

Employee ID # _____

Contact Person _____ Ext. _____

Department _____

TERMINATION OF ASSIGNMENT(s)

College Assistant, Professional Expert, Intern,
Apprentice, Short-Term substitute

Effective Date of Termination

_____ 2312 _____

_____ 2312 _____

Student Worker

Effective Date of Termination

_____ 2311 _____

_____ 2311 _____

Instructional Aide

Effective Date of Termination

_____ 2410 _____

_____ 2410 _____

TERMINATION OF A VOLUNTEER ASSIGNMENT

Department

Effective Date of Termination

TERMINATION OF A PERSONAL SERVICE ATTENDANT ASSIGNMENT

Department

Effective Date of Termination

Cost Center Manager's Name _____ Signature _____ Date _____