

Graduate Student Teaching and/or Research Assistant Contract Termination Form

Graduate School
Lommasson Center 224
Phone: x2572
e-mail: grad.school@umontana.edu

*Instructions: Departments complete the form above the dotted line and route one copy to The Graduate School. The Graduate School will then send copies to financial aid, payroll and back to the department. **Please attach a copy of the terminated contract.***

Date: _____

From: Name _____

Department _____

It is requested that the following individual be removed from the payroll:

Name _____ SS number _____

Teaching Assistant

Research Assistant

Department: _____ Grant Name: _____ Grant Number: _____

Effective date (use last day worked): _____

Reason for removal from payroll _____

Signatures:

Employee

Department

Date _____

CAS/Graduate School/Office of Research

Financial Aid Office Information Only

Do not delete fee waiver for fall (20__) _____ spring (20__) _____

Delete fee waiver for fall (20__) _____ spring (20__) _____

Delete TARA residency for fall (20__) _____ spring (20__) _____