UNIVERSITY OF MONTANA | GRADUATE SCHOOL

Graduate TA/RA Contract Termination Form

Please Complete this form and email it to grad.school@umontana.edu. The Graduate School will forward it along to Financial Aid and Human Resources.

Student Name: _____ Student ID: _____

Department: _____ Dept Contact Phone: _____

Dept Contact: _____ Dept Contact Email: _____

Contract Type: ◯ Teaching ◯ Research ◯ Service

Fee Waiver Account: _____ Grant Funded: Yes ◯ No ◉

Exemption Code: _____ Grant Index: _____

Remove Waiver: ◉ Yes ◯ No Term: ☐ Fall ☐ Spring ☐ Summer Term Year: _____

Date to Remove From Payroll (last day worked): _____

Reason for Termination: _____

Notes: _____

Employee Signature: _____ Department Signature: _____

OSP Signature (If needed): _____