



STUDENT SEPARATION FORM

Student Information

Student Name:

Last

MI

First

Address:

Street

City/State/Zip

Phone:

Email:

Company Information

Company:

Address:

Street

City/State/Zip

Phone:

Contact:

Email:

Was the student:

LAID-OFF

QUIT/SELF DROP

TERMINATED

Is the student eligible for rehire?

YES

NO

MANDATORY: Please explain reason laid off/terminated:

Last Date worked:

For PHCC Staff

Date Received:

PDS Updated:

1820 Tribute Road, Suite A, Sacramento, CA 95815

916-640-0910 P | 916-640-0905 F