



# 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: \_\_\_\_\_

Out of Work List: \_\_\_\_\_

PDS Updated: \_\_\_\_\_

Contractor List: \_\_\_\_\_

Disciplinary: YES NO

Copy Issued To Student: \_\_\_\_\_

1820 Tribute Road, Suite A, Sacramento, CA 95815

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