

# Work-Study Termination and Change Form

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Request for termination or change of students assignment must be initiated by the department through the work-study termination and change form. Any request made verbally or any other method may be denied.

Student's Name \_\_\_\_\_

Student ID \_\_\_\_\_

Department \_\_\_\_\_

Student/Employer Initiated (Please select one)

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## Supervisor Section Termination

Student's last day of work: \_\_\_\_\_

Reason for termination:

(Please attach copies of all warnings and/or termination letters)

I certify that I have notified the student of this termination.

Employer Signature \_\_\_\_\_

Employer Printed Name \_\_\_\_\_

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## Supervisor Section Change

Student currently reporting to: \_\_\_\_\_

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

Student will be reporting to: \_\_\_\_\_

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

2024-2025

# Work-Study Termination and Change Form

Approved

Denied

Change: \_\_\_\_\_  
Termination: \_\_\_\_\_  
Submitted By: \_\_\_\_\_  
Date \_\_\_\_\_