

Work-Study Termination and Change Form

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)

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 _____

Supervisor Section Change

Student currently reporting to: _____

Position #: _____

Student will be reporting to: _____

Position#: _____

Work-Study Termination and Change Form

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Approved

☐

Denied

Change: _____
Termination: _____
Submitted By: _____
Date _____