



Financial Aid Office

**Student Employment Termination Form**

*Please complete and return to the Financial Aid Office or fax to 610-225-5651 within 1 week of termination.*

Student Name \_\_\_\_\_ ID # \_\_\_\_\_

Department Name \_\_\_\_\_ Campus Phone # \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Last Date of Work \_\_\_\_\_

**For Supervisor- Please check appropriate box(es):**

- Student resigned giving 2 weeks' notice
- Student had school/personal conflicts and could not give proper notice
- Student stopped showing up for shifts with no explanation
- Student was a "no show"
- Supervisor recommended termination due to job performance

Date of verbal warning: \_\_\_\_\_

Date of written warning: \_\_\_\_\_

- Student graduated
- Employment ended per previous agreement between student and supervisor
  - Seasonal employment
  - Specific project

**For Student- Check here  if you would like to receive a new work contract for a new job.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Signature does not necessarily signify agreement)

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_