

**FEDERAL WORK-STUDY PROGRAM
TERMINATION/TRANSFER FORM**

STUDENT: _____

SOCIAL SECURITY NUMBER: _____

POSITION: _____

SUPERVISOR: _____

DEPARTMENT: _____

LAST DATE OF EMPLOYMENT: _____

Type of action: Transfer Termination Award Declination

Reasons for termination/transfer: _____ for

Student Signature Date

Supervisor Signature Date

Student transfers must be requested within the first 6 weeks of employment.

A copy of the final time sheet and the employee evaluation are required.

Steps for termination:

1. First incident, complete reprimand form.
2. Second incident, complete final notice reprimand.
3. Third incident, termination form submitted.

Reasons for termination or transfer are required. In cases of serious misconduct, a letter detailing the incident must be attached. The student employee may be terminated immediately for serious misconduct. (See Student Employment Handbook)

Original – Student Employment Office
Copies - Supervisor
Student