



**Tompkins Cortland Community College**  
 Financial Aid Office  
 170 North St. PO Box 139  
 Dryden, NY 13053-0139  
 Phone: (607) 844-6580 FAX: (607) 844-6538

---

**WORK STUDY TERMINATION NOTICE**

**TO:** \_\_\_\_\_  
**Work Study Employee**

**FROM:** \_\_\_\_\_  
**Work Study Supervisor**

**SUBJECT:** Termination Notice

**DATE:** \_\_\_\_\_

---

This notification serves as your written termination notice. You are being terminated as a work study employee in the \_\_\_\_\_ Department/Office.

The reason(s) for this action (is) (are):

- 1. Failure to report to work as scheduled and agreed.
- 2. Continued tardiness.
- 3. Failure to comply with rules and regulations of the Department.
- 4. Unsatisfactory performance.
- 5. Poor work attitude.
- 6. Violation of policies set forth by the Institution.
- 7. Other \_\_\_\_\_

---

**Work Study Supervisor Signature**

---

**Date**

Cc: Ms. Colleen Conroy  
 Work Study Coordinator