



**FEDERAL WORK STUDY PROGRAM
EMPLOYEE TERMINATION NOTICE**

TO: _____

Student

FROM: _____

Supervisor

SUBJECT: Termination of Federal Work-Study Employee

DEPARTMENT: _____

DATE: _____

Student Worker _____ has been notified and terminated as a work-study employee in the _____ Department/Division, effective _____, and has been instructed to stop reporting for work. Documentation is attached that provides a more detailed account of the reason(s) for this action. Basic reason(s) for this action is/are:

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

- ☐ 1. Failure to report to work as scheduled
- ☐ 2. Continued lateness
- ☐ 3. Failure to comply with the rules and regulations of the Department/Division
- ☐ 4. Poor Work Attitude
- ☐ 5. Violation of policies set forth by the Federal Work Study Program
- ☐ 6. Unsatisfactory performance
- ☐ 7. Other:

Supervisor's Signature _____

Date _____

Student's Signature _____

Date _____

Return original form to Financial Aid Services, Attn: Isis Umana Walters

FINANCIAL AID SERVICES– White Copy

SUPERVISOR – Yellow Copy

STUDENT – Pink Copy