



Financial Aid Services  
Attn: Work Study Coordinator  
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**FEDERAL WORK STUDY PROGRAM  
STUDENT EMPLOYEE TRANSFER NOTICE**

\_\_\_\_\_  
Student Name (Print)

\_\_\_\_\_  
EMPLID

\_\_\_\_\_  
Department (Print)

\_\_\_\_\_  
Supervisor Name (Print)

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**STUDENT EMPLOYEE SECTION:**

I have notified my employer of my transfer, and have agreed to work until the following date:

Student's last day of work: \_\_\_\_\_

Reason for transfer (A reason must be given in order for form to be processed):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Transfer requests will be based on current available positions. You must complete the referral process again, and complete a new contract. You cannot begin working until a new contract is on file.\*\*\*

**\*\*\*Student Employees are allowed 1 transfer per award year.\*\*\***

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**SUPERVISOR SECTION:**

I have been notified by my student employee that he/she will be transferring. The student has agreed to work until the date listed above.

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_