



TERMINATION NOTICE WORKSTUDY

A TERMINATION NOTICE SHOULD BE ROUTED WHEN AN EMPLOYEE STOPS WORKING EARLIER THAN THE ENDING DATE OF THE ASSIGNMENT OR THE SOURCE OF PAYMENT IS BEING CHANGED. ALL SECTIONS MUST BE COMPLETELY FILLED OUT OR TERMINATION NOTICE WILL BE RETURNED TO THE ISSUING DEPARTMENT.

TYPE ALL DATA

Current Date: _____

NAME _____ SOC SEC # _____
Last First Middle

DEPARTMENT NAME	ACCOUNT NUMBER	POSITION NUMBER	DATE OF TERMINATION
_____	_____	_____	_____

Original Award Amount: _____

Reason For Termination:

- _____ Resigned
- _____ Discharged
- _____ Death
- _____ Retirement
- _____ Transfer to other Department
- _____ Transfer to other Account Number
- _____ Other

Brief Explanation

Last Known

Address: _____

REMARKS:

If following section is not completed, Termination Notice will not be processed:

Hours Worked for the Semester: _____

Will student continue in the Work-Study Program. ___ Yes ___ No

Please route in the order indicated:

1) Work-Study Coordinator _____ Date

3) Account Manager _____ Date

2) Supervisor _____ Date

4) Personnel _____ Date