Instructions: Complete this document for each college work-study employee who is terminated from your department. Attach this form to the terminating EPAR or return this document with the terminating EPAR to: Scholarships Office, Rm. 23 E. Cullen (Mail Code SFA-2010). Note: A termination notice is required for all college work-study employees immediately upon termination.

Name: _______________________________ PS#: __________________

Department/Organization: ________________________________

Effective Date of Termination: ______________________________

Specify one of the following reasons for student employee’s termination:
(*) Please explain in comments section.

☐ Expiration of award
☐ Hired as non-college work-study
☐ Student terminated for personal reasons
☐ Student did not fulfill College Work-Study requirements
☐ Excessive absences
☐ Misconduct/Insubordination * (must complete comment section)
☐ Personality conflict * (must complete comment section)
☐ Work unsatisfactory * (must complete comment section)

Prior to final termination, was the College Work-Study student served a written warning?

Yes or No (circle one)

Comments:

_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

Supervisor’s Signature ___________________________ Title ___________________________

Date ____________________________