Instructions: Complete this document for each college work-study employee who is terminated from your department. For on-campus employers, attach this form to the terminating EPAR. For off-campus employers, a copy must be sent to: Office of Scholarships and Financial Aid, Rm. 31 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 ___________________________