

Work-study Termination Form



Student Information

Student Name: _____

ID: _____

Job Performed

Job Title: _____

Department: _____

Supervisor: _____

Extension: _____

Final Employment Information

Last Date Employed: _____

Does student have hours that need to be submitted on next timesheet?

If yes, how many? _____

Has timesheet been submitted?

If no, please do so as soon as possible.

Reason for Termination

Please list reason for termination: _____

Recommendation and Job Posting Information

Please Check One:

I would recommend this student for another position of a different type

I would NOT recommend this student for another position

I have no opinion regarding recommending this student

Please Check One:

Please repost this work-study position

No need to repost this work-study position

Student Signature

As a student employee, I agree to submit my timesheet within the current pay period.

Date

Supervisor Signature

Date