WESTERN PIEDMONT COMMUNITY COLLEGE

Federal Work-Study Termination / Transfer Form

Student's Name: _____ Student ID #: _____

Department: _____ Position: _____

Supervisor's Name: _____ Phone Number: _____

Initiated By (check one): ☐ Student ☐ Supervisor Effective Date: _____

Type of Request (check one): ☐ Termination ☐ Transfer Last Day Working: _____

Reason for Termination or Transfer:

_____

_____

If Termination:

Was termination as a result to disciplinary action? ☐ Yes ☐ No

- If yes: Did termination as disciplinary action follow warnings? ☐ Yes ☐ No
  - If Yes:
    - Date of 1st warning (Verbal Warning): _____
    - Date of 2nd warning (Written Warning): _____
  - If No, please check applicable reason for **immediate** termination:

☐ Student is not fulfilling the requirements of the position

☐ There is no longer a demand for the Work-Study Position

☐ Theft of supplies / equipment

☐ Destruction of college property

☐ Violation of Confidentiality Agreement

☐ Violation of Drug-Free Workplace Acknowledgement

☐ Falsification of timesheets

☐ Other (please explain): _____

_____

Supervisor's Signature: _____ Date: _____

Student's Signature: _____ Date: _____