

Federal Work-Study Termination / Transfer Form

Student's Name: _____ Datatel 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: ____ / ____ / ____

Students requesting transfer must complete a new work-study application.

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: ____ / ____ / ____

○ 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: ____ / ____ / ____