



FEDERAL WORK-STUDY PROGRAM EMPLOYEE TERMINATION FORM

Use this form to notify Wendy Battle at wbattle@suscc.edu when a student will no longer be working for you. Please submit this form within 24 hours of separation. List the date and reason why the student is no longer participating in the FWS/IWS program. This form will help track the employment status for HR, Financial Aid, and Payroll in the placement of the need to rehire a student.

EMPLOYEE INFORMATION	
Name:	
A#	

SUPERVISOR INFORMATION	
Name:	
FWS Assignment/Position Code:	
Phone Number/Email:	

Please Check One: Voluntary Separation Involuntary Termination

Last Date of Employment: ___/___/___

Please select Employment Status: FWS Part-time or IWS Part-time

Reason for Separation from Employment:

- Employee failed to report for work for ___ consecutive days.
- Employee resigned with notice ___ Found other employment ___ Did not return to school ___ Graduated
- Other: _____
- Job Abandonment
- Employee dismissed for the following reasons:

SUPERVISOR SIGNATURE _____
DATE

Once completed please email the form to wbattle@suscc.edu within 24 hours of separation.

*****OFFICE USE ONLY*****

Submitted to:

- Financial Aid Department
- Human Resources
- Payroll-Business Office