



## FEDERAL WORK-STUDY PROGRAM EMPLOYEE TERMINATION FORM

Use this form to notify Brittany Sanders at [bsanders@suscc.edu](mailto:bsanders@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:

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**SUPERVISOR SIGNATURE**

**DATE**

**Once completed please email the form to [bsanders@suscc.edu](mailto:bsanders@suscc.edu) within 24 hours of separation.**

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

Submitted to:

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