

Federal Work Study Program
Employment Termination Form

Award Year _____ / _____

ATTENTION STUDENT: You must have your Financial Aid Advisor complete the "Office Use" section of this form to effectively complete your Work Study requirements

Student Name: _____ SSN: _____

Agency Name: _____

Agency's Address: _____

Contact Person: _____

Phone Number: _____

Pay rate: _____

Last Date of Work: _____

OFFICE USE

Actual Earnings for the above award year \$ _____

Finance Period From _____ to _____

TJSL FINANCIAL ASSISTANCE OFFICE AUTHORIZED SIGNATURE

DATE

WARNING
Students who complete this form will have their payroll records in ADP terminated. If you wish to work in another capacity under Federal Work Study, you must complete a new student hiring agreement.

