Student Employment Termination
On-Campus Student Employment

Student _____

Student ID Number _____

Department/Divison_____

○ Federal Work Study   ○ District Student Help   ○ CalWORKS Work Study

Student's Job Title _____

Length of Employment   From _____ To _____

Last Date Worked _____

I have terminated the above employee for the following reason(s):

_____

_____

_____

Signature of Releasing Supervisor _____

Signature of Financial Aid Program Manager _____

Return to Financial Aid office

- -

Office Use only

Position Number_____   *Term date added _____*

Copy to Supervisor _____