



P.O. Box 1189, Hamlet, NC 28345 (910) 410-1725 Fax (910) 582-7102

## Federal Work-Study TERMINATION/JOB RELEASE For FWS Supervisors

Federal Work-Study students who are not performing at expected levels, with attendance issues, etc., may be terminated at any time by the supervisor. The supervisor is required to speak with the students about improving his/her work responsibilities. If the student does not improve after a reasonable amount of time, the supervisor can request a Termination/Job Release Form from the Financial Aid office. A Termination/Job Release Form must be completed and sent to the Financial Aid Office immediately. It is the supervisor's responsibility to notify the student worker of the termination within five (5) days of submitting the form to the Financial Aid Office. Also, the Financial Aid Office will notify the student within five (5) days after receiving the completed Termination/Job Release Form from the supervisor.

A record of all terminations will be kept on file in the Financial Aid Office and a copy sent to the Business Office.

| STUDENT EMPLOYEE TERMINATION NOTICE           |                                             |  |  |
|-----------------------------------------------|---------------------------------------------|--|--|
| To be completed by Department/Employer:       |                                             |  |  |
|                                               | is no longer employed.                      |  |  |
| Student Name                                  |                                             |  |  |
|                                               |                                             |  |  |
| Department/Employer                           | Last Date Student Worked in this Department |  |  |
| Reason for termination: (Check all the apply) |                                             |  |  |
| AttendanceQuit                                | Funding Reasons                             |  |  |
| PerformanceOther                              |                                             |  |  |
|                                               |                                             |  |  |
| Supervisor's Signature                        | Date                                        |  |  |

| For Financial Aid Office Use Only:               |                                    |                 |  |
|--------------------------------------------------|------------------------------------|-----------------|--|
|                                                  | Signature of Financial Aid Officer |                 |  |
| Date Letter of Termination mailed to FWS student |                                    | (Copy attached) |  |
| Comments:                                        |                                    |                 |  |