

WORK STUDY EMPLOYEE TERMINATION NOTIFICATION

TO: Mrs. Willie Boler
Work Study Coordinator

FROM: _____
Work Study Supervisor

SUBJECT: Termination of Work Study Employee

DATE: _____

You are hereby notified that _____, social security number _____ has been notified that his/her employment as a work study employee in the office of _____ has been terminated as of _____, and has been instructed to report to the Financial Aid Office.

The reason(s) for this action (is) (are):

- ☐ 1. Failure to report to work as scheduled and agreed.
- ☐ 2. Continued tardiness.
- ☐ 3. Failure to comply with rules and regulation of the Department.
- ☐ 4. Unsatisfactory performance.
- ☐ 5. Poor work attitude.
- ☐ 6. Violation of policies set forth by the Institution.
- ☐ 7. Other _____

Work Study Supervisor Signature

Date