

**NOTICE OF CANCELLATION**

**From Student Employment and College Work-Study Programs**

IMPORTANT: Justina Jones, Student Employment Coordinator

This form must be sent to the Financial Aid Office before another

Student may be assigned to work in your Department.

TO: Office of Financial Aid, Lee Hall, Room 228

FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Supervisor and Department

**Name and Banner ID**# of Student Employee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for cancellation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last day worked: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Separation Checklist** Complete N/A

1. Return to supervisor any keys, other items, \_\_\_\_\_\_\_\_ \_\_\_\_\_\_

and equipment that were issued by the university.

2 Provide a current permanent home address to \_\_\_\_\_\_\_\_ \_\_\_\_\_\_

the Office of Financial Aid and the Payroll Office.

W-2s will be mailed to this address during January

of the following year.

3 Signed off on Employees Timecard on MyTime. \_\_\_\_\_\_\_\_ \_\_\_\_\_\_

Comments:

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Supervisor’s signature