

**NOTICE OF CANCELLATION**

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

IMPORTANT: This form must be sent to the Financial Aid Office before another student may be assigned to work in your Department.

TO: Justina Jones, Student Employment Coordinator 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Separation Checklist** |
|  | Complete | N/A |
| 1. Return to supervisor any keys, other items, and equipment that were issued by the university.
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| 1. Return to supervisor any keys, other items, and equipment that were issued by the university.
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| 1. 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.
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| 1. Signed off on Employees Timecard on MyTime.
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| Comments: |

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Supervisor’s signature