



**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: Leah Carter, 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: \_\_\_\_\_

**Separation Checklist**

	Complete	N/A
1. Return to supervisor any keys, other items, and equipment that were issued by the university.		
2. Return to supervisor any keys, other items, and equipment that were issued by the university.		
3. 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.		
4. Signed off on Employees Timecard on MyTime.		
Comments:		

\_\_\_\_\_  
Supervisor's signature