



Office of Financial Aid and Scholarships

Return to: 5500 University Parkway San Bernardino, CA 92407 University Hall 150 Tel: (909) 537-5226 Fax: (909) 537-7024

Federal Work - Study Change or Termination Request Form

Date: Record Number: Coyote ID#:

First Name: Middle Initial: Last Name:

Change Requests: (Check all that apply)

Effective Date: \*Note: All changes are effective on the first day of the following pay period

Supervisor/Admin Change From: To: Supervisor/Administrator: Circle one New supervisor must complete Work-Study tutorial

Timekeeper Change From: To:

Pay Rate Change From: \$/hr To: \$/hr The new pay rate will become effective the first day of the following pay period

Justification required for all changes:

Termination: (Check all that apply)

Effective Date: (Office Use Only)

Last Physical day worked:

- Resigned Terminated Graduated Funding Exhausted Failed SAP Enrollment is < 6 units Hired as Staff Other:

Justification Required for all terminations:

SIGNATURES:

Hiring Supervisor Print Name: Hiring Supervisor Signature: Date:

Hiring Supervisor Email: Hiring Supervisor Ext.: Department :

MPP Print Name: MPP Signature: Date:

OFFICE USE ONLY:

FWS Administrator Print Name: FWS Administrator Signature: Date:

APPROVED DENIED