



Roseman University of Health Sciences Federal Work-Study Termination Notice

Instructions: Complete this document for each federal work-study student who is terminated from your department. *Note:* A termination notice is required for all college work-study employees immediately upon termination.

Name: _____

Supervisor/Title: _____

Organization/Unit: _____

Effective Date of Termination: _____

Specify one of the following reasons for student employee's termination:

(*) Please explain in comments section.

- Expiration of award
- Hired as non-federal work-study
- Student is terminated for personal reasons
- Student did not fulfill federal work-study requirements
- Excessive absences
- Misconduct/Insubordination * (must complete comment section)
- Personality conflict * (must complete comment section)
- Work unsatisfactory * (must complete comment section)
- Involuntary *(must complete comment section)
- Graduated _____

Prior to final termination, was the federal work-study student served a written warning?

Yes or **No** (circle one)

Comments:

Supervisor Signature: _____ Date: _____