



**WORK-STUDY TERMINATION / TRANSFER FORM**

Student's Name: \_\_\_\_\_ ID#/SS#: \_\_\_\_\_

Department: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Ext.: \_\_\_\_\_

Initiated by (check one):  Student  Supervisor      Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Type of request (check one):  Termination       Transfer

If *declining* Work-Study, check the applicable semester:  S1     S2     Fall     Spring

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Reason for Termination or Transfer (*A reason must be given in order for this form to be processed*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Transfer requests will be based on current available positions and the student will be notified once the new Referral is ready for pickup. Please indicate *three* choices for placement in order of preference (a list of vacancies is available in the lobby of the Office of Financial Assistance):

(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

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*I certify that the above-named student has been terminated or transferred as of the effective date.*

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
Student's Signature Date



**WORK-STUDY DEPARTMENT EVALUATION**

*THIS FORM IS TO BE COMPLETED AND SUBMITTED TO THE OFFICE OF FINANCIAL ASSISTANCE BY THE STUDENT ALONG WITH A **TERMINATION / TRANSFER NOTICE FORM.***

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Position: \_\_\_\_\_ Classification: \_\_\_\_\_

Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Please check **only one** answer for each question:

1. Were you provided with a written job description outlining your duties and responsibilities?

A. YES \_\_\_\_\_ B. NO \_\_\_\_\_

2. How clearly did you understand the duties and responsibilities of your Work-Study assignment?  
(Check only one answer)

\_\_\_\_\_ A. VERY CLEARLY

\_\_\_\_\_ B. CLEARLY

\_\_\_\_\_ C. SOMEWHAT CLEARLY

\_\_\_\_\_ D. NOT AT ALL

3. Did you receive specialized training from your department supervisor? (Check only one answer)

\_\_\_\_\_ A. YES Adequate training was provided at the start of employment.

\_\_\_\_\_ B. NO Training was not provided.

4. Did your supervisor discuss your work performance with you? (Check only one answer)

\_\_\_\_\_ A. YES I was given feedback for good performance and for unsatisfactory performance.

\_\_\_\_\_ B. YES I was given praise for work well done.

\_\_\_\_\_ C. YES I was informed when I should have done something differently.

\_\_\_\_\_ D. NO My supervisor did not discuss my work performance with me.



**WORK-STUDY DEPARTMENT EVALUATION (PAGE 2)**

5. Overall, how would you rate your department supervisor's ability to provide direction, adequate feedback, and supervisory abilities? (Check only one answer)

\_\_\_\_ A. EXCELLENT

\_\_\_\_ B. ABOVE AVERAGE

\_\_\_\_ C. AVERAGE

\_\_\_\_ D. BELOW AVERAGE

\_\_\_\_ E. POOR

**ADDITIONAL COMMENTS:** \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE