



NOTICE OF CANCELLATION
From Student Employment and College Work-Study Programs

TO: Laura Needham, Student Employment Coordinator
Office of Financial Aid
Lee Hall, Room 230

FROM: _____
Supervisor's Name

Department

Student Employee's Name: _____ Banner ID: _____

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	Provide a current permanent home address to the Office of Registrar . W-2s will be mailed to this address in January of the following year.	_____	_____
3	Review Performance Evaluation with supervisor before it is sent to the Office of Financial Aid for inclusion in the student's permanent employment record.	_____	_____

Comments:

Student's signature

Supervisor's signature