

# 2019-20 Federal Work-Study Termination Form



## 1. Student Information

Student Name		Student ID	M00
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Start Date		End Date		Termination from Employment Reason (s):	
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## 2. Department Information

Banner Org #		Department Name		Site	Brighton Campus		ATC
					Downtown Campus		PSTF

Supervisor Name		Phone		Timekeeper Name		Phone	
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## 3. Financial Aid Office Use

Termination Effective Date		Total Final Award	\$		Job Title:	Federal Work-Study
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FWS Coordinator		Date	
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## 4. Human Resource Department Use:

Salary Table:		Grade		Step	
PEALEAV		S2		S29FW	

HR Approval		Date	
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Please complete the Student and the Department Sections and return this form **by email** in a Word document (No PDF or scanned paper) to:

Ramon L. Rodriguez [rrodriguez@monroecc.edu](mailto:rrodriguez@monroecc.edu)