Federal Work-Study (FWS) Employee Separation Slip

Student Last Name    First Name             Campus ID  FWS Job #/Dept

Earnings To Date

Earnings as of the last payroll period
Amount = $ _____________
Ending Date: _____________

Earnings since the last payroll period
Amount = $ _____________
Ending Date: _____________

No. Of Hours per week average: ____________
Hourly Wages: ____________

Last day employed/worked: ____________

Reason for Separation

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Supervisor’s Signature        Supervisor’s Name (please print)        Date

Title/Position                 Phone Number

Submit to: Federal Work-Study Coordinator, BH-123