

Bristol Community College
Federal Work Study and Student Employment Program
Termination Notice

We have been notified that the individual listed will no longer be working.

- 1. Please complete the information requested below.*
- 2. Complete the reverse side (Evaluation Form).*
- 3. Return this form to the Financial Aid Office.*

Thank you.

Student _____

Supervisor _____

Last Date Student Reported to Work: _____

Reason for Termination:

- _____ Voluntary termination on the part of the student
- _____ Student's requests transfer to another area
- _____ Student never reported to work
- _____ Supervisor dissatisfied with student's performance

Supervisor Comments:

Supervisor Signature _____ Date _____