

PAINE COLLEGE

Office of Financial Aid
1235 Fifteenth Street, Augusta GA 30901-3182

Telephone: 706-821-8262 1-800-476-7703
Fax: 706-821-8691

WORK STUDY EMPLOYEE TERMINATION NOTIFICATION

TO: Financial Aid
Work Study Coordinator

FROM: _____
Work Study Supervisor

SUBJECT: Termination of Work Study Employee

DATE: _____

You are hereby notified that _____, social security number _____ has been notified that his/her employment as a work study employee in the office of _____ has been terminated as of _____, and has been instructed to report to the Financial Aid Office.

The reason(s) for this action (is) (are):

- 1. Failure to report to work as scheduled and agreed.
- 2. Continued tardiness.
- 3. Failure to comply with rules and regulation of the Department.
- 4. Unsatisfactory performance.
- 5. Poor work attitude.
- 6. Violation of policies set forth by the Institution.
- 7. Other _____

Work Study Supervisor Signature

Date