

Northwestern University
Federal Work-Study Program
1801 Hinman Ave., 2nd Floor
Evanston IL 60208

Job Termination Form

Student's Name _____

NU Student ID _____

Department _____

Student/Employer Initiated (Please circle one)

Supervisor Section

Student's last day of work: _____

Reason for termination:

(Please attach copies of all warnings and/or termination letters if not already forwarded to the Work-Study Office)

I certify that I have been notified by the student of this termination and that I have followed the guidelines for the employer initiated termination as stated in the Work-Study Handbook located on-line at: undergradaid.northwestern.edu/work-study

Employer Signature _____

Student Section

I have notified (or been notified by) my employer of this termination and agree to work until the date stated above.

Reason for termination:

Student Signature _____