

# Termination of Federal Work Study Contract

(To be completed on last day of student employment)

Student Name: \_\_\_\_\_ 92#: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department/Position Code: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Effective Date: \_\_\_\_\_

Amount to be turned in on final time card: \$\_\_\_\_\_

Reason for termination: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Return form to: JoAnne Foster Phone Extension: 3183 Email: [jfoster@wcu.edu](mailto:jfoster@wcu.edu) Location: 118 Killian Annex**