

# College Work-Study Program Termination Notice

**Instructions:** Complete this document for each College Work-Study employee who is terminated from your department. For on-campus employers, attach this form to the terminating ePAR. For off-campus employers, a copy must be sent to:

University of Houston Office of Scholarships and Financial Aid  
Technology Bridge 5000 Gulf Freeway Building 2 -116 Houston, TX 77204-2010

**Internal use only:** Mail Code SFA-2010

**Note:** *A termination notice is required for all college work-study employees immediately upon termination.*

Name: \_\_\_\_\_ myUH ID: \_\_\_\_\_

Department/Organization: \_\_\_\_\_

Effective Date of Termination: \_\_\_\_\_

**Specify one of the following reasons for student employee's termination:**

If the reason has an asterisk (\*) you must complete the comment section.

- Expiration of award
- Hired as non-College Work-Study student
- Terminated for personal reasons
- Student did not fulfill College Work-Study requirements
- Excessive absences** \* (must complete comment section)
- Misconduct/Insubordination** \* (must complete comment section)
- Personality conflict** \* (must complete comment section)
- Work unsatisfactory** \* (must complete comment section)

**Comments:**

Prior to final termination, was the College Work-Study student served a written warning and coaching?

Yes       No

Provide any additional comments you would like to add regarding this employment experience:

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\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

