

**PENSACOLA STATE COLLEGE
FEDERAL WORK-STUDY
FLORIDA WORK EXPERIENCE PROGRAM
RESIGNATION/TRANSFER & TERMINATION**

Student Name _____ Student ID # _____
Department _____ Cost Center _____

1. RESIGNATION: TO BE COMPLETED BY STUDENT

I hereby resign my position from the Work-Study Program in this department.

My Resignation is to be effective at the end of the workday on _____

Reason:

Student Signature _____ Date _____

Did this work-study student leave in good standing? YES NO If no, please explain

Department Head _____ Department Head Signature _____ / _____ Date

2. TRANSFER: Transfers must be discussed with supervisor and with Financial Aid Work-Study Coordinator.
(Financial Aid makes the final decision.)

Student-initiated Transfer Request

Department-initiated Transfer Request

Reason:

3. TERMINATION: TO BE COMPLETED BY THE WORK-STUDY STUDENT'S SUPERVISOR
(Termination must be discussed with the Financial Aid Work-Study Coordinator. Financial Aid makes the final decision.)

Student is hereby terminated from the College Work-Study position in this department.

Reason:

This transfer / termination from this department is to be effective at the end of the workday on _____.

Did this work-study student leave in good standing? YES NO If no, please explain

Department Head _____ Department Head Signature _____ / _____ Date