



Florida Agricultural and Mechanical University

TALLAHASSEE, FLORIDA 32307-3100

Excellence With Caring

DIVISION OF STUDENT AFFAIRS
OFFICE OF FINANCIAL AID

TELEPHONE: (850) 599-3730
FAX: (850) 561-2730
EMAIL: Financialaiddocs@fam.edu

Federal Work-Study Job Cancellation/Separation Form

Student Name: _____
Student ID: _____
Department: _____

Supervisor Section

Student's last day of work: _____

Reason for cancellation/separation:

(Please attach copies of all warnings and/or separation letters if not already forwarded to the Financial Aid Office, if applicable.)

I certify that I have notified the student of this cancellation/separation and that I have followed the guidelines for the employer initiated separation as stated in the Work-Study Handbook.

Supervisor Signature _____

Date _____

Student Section

(Optional)

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

Student Signature _____

Date _____