

Job Termination Form

Student's name

COCC ID

Department

Termination initiated by:

Student / Supervisor

Supervisor Section

Student's last day or work: _____

Reason for termination: _____

I am hereby terminate current Federal Work-Study contract for the above student.

Supervisor signature

Date

Student Section

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

Reason for termination: _____

Student signature

Date

Please attach copies of all warnings and/or termination letters if not already forwarded to the Work-Study Coordinator in Boyle Education Center.