

IAIA Work-Study Termination Form

Supervisor's Section:

The Supervisor must complete this section and forward to this form to Internship & Career Director.

Student's Name: _____

Job Title: _____

Department Code: _____

Date of Termination: _____

Reason for Termination: _____

Was the student informed of his or her termination? _____

Do you need the position reposted? Yes No

Supervisor's Name (printed): _____

Supervisor's Signature: _____ Date: _____

Internship & Career Director's Section:

Complete this section and forward to the Financial Aid Director.

Was Position Posted: Yes No

Internship & Career Director's Signature: _____ Date: _____

Financial Aid Director's Section:

The Financial Aid Director must complete this section and forward to Human Resources.

Funds reconciled: _____

Comments: _____

Financial Aid Director's Signature: _____ Date: _____

Human Resources' Section:

The form is to be completed and placed in the student's file.

HR Representative's Signature: _____ Date: _____