# STUDENT EMPLOYMENT ADJUSTMENT FORM

This form is to be used in the event that a student employee is terminated, resigns, is less than ½ time (6 credit hours) or does not return to his/her position of employment, etc. It is imperative that this office be made aware of any student employment adjustments that may have occurred.

Last Name First Name ID#

Job Title Department Name Department #

The current status of the student identified above is as follows:

_____ Completed program of study
_____ Did not return to position
_____ Exhausted amount awarded
_____ Resigned from position
_____ Student is registered for less than ½ time credits (6 credit hours)
_____ Was terminated from position
_____ Other

Signature: _____ Date: _____/_____/_____
Supervisor print name

Signature: _____ Date: _____/_____/_____
Student Employment Coordinator

REASON FOR ADJUSTMENT: (Include if Student is Title III, Sponsored Programs, Departmental, or FWS)

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