
Name

ID Number

Office of Financial Aid
1200 North DuPont Highway
Dover, Delaware 19901
302.857.6250
302.857.6251 (fax)
email: faid@desu.edu
website: desu.edu/financialaid



STUDENT EMPLOYMENT ADJUSTMENT FORM

This form is to be used in the event that a student employee is terminated, resigns, is less than half 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.

****It is imperative, if any of these events occur, that you contact the Office of Financial Aid immediately****

Student's Last Name	Student's First Name	ID#
Job Title	Department Name	Department #
Original Amount Awarded	Adjusted Award	Funding Source

The reason for adjustment is as follows:

If the reason for adjustment is not listed above, please list the reason and an explanation below

Please list the Last Date (exact date) the student worked/will work in their department along with the final payout as of the last paycheck. (Note) the time sheet will be inactivated one day following the date reported. An update or change to this date can't not be submitted after the date reported.

Last Pay Out Date	Final Pay Out Amount
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I certify that I have read and completed the above information to the best of my ability.

Signature of Workstudy Coordinator	Date
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