



Federal Work Study Change of Status Memo

<input type="checkbox"/> Rate Change <input type="checkbox"/> Fund/Account Number Change <input type="checkbox"/> Resigned /Terminated (include Evaluation)		
Date:	Employing Department:	
Student ID:	Last Name:	First Name, Middle Initial:
Check one of the following changes to be made		
<input type="checkbox"/> Rate Change:	Old Rate \$ _____ New Rate \$ _____ Effective Date: _____	
<input type="checkbox"/> Fund/Account Number Change:	Old Fund Number: _____ New Fund Number: _____ Effective Date: _____	
<input type="checkbox"/> Resignation: Effective Date: _____	<input type="checkbox"/> Termination: Effective Date: _____ <i>Note: If the student is being terminated, submit a Student Evaluation form stating the reason(s) for termination.</i>	
Department Hiring Official or Coordinator:		Date:
Student Employment Office:		Date: