FEDERAL WORK-STUDY ONLY

SAN JOAQUIN DELTA COLLEGE

2010-2011 TERMINATION FORM

_____ _____

Last Name, First Name, Middle Initial | Delta College ID number

_____ _____ _____

Last Day Worked | Date Terminated | Employing Department

Position Held: ☐ Student General Helper ☐ Student Clerical Aide ☐ Student Tutor ☐ Student Lab Aide

Reason for termination:

☐ Dropped below 6 units ☐ Depleted FWS Funds ☐ Financial Aid disqualification

☐ Transfer to another position ☐ End of academic year ☐ No show

☐ Other:

_____ _____ _____ _____

Student Signature | Date | Supervisors Signature | Date

_____ _____

FWS Coordinator | Date

RETURN TO : FINANCIAL AID

RECEIVED: _____

CC: **HR**_____ **DEPT:** _____

DATE DATE