



MANHATTAN COLLEGE

Financial Aid Administration

Student Employment Termination Form

Effective Date (MM/DD/YY):

Student Name:

Student ID Number:

Student employment positions are considered "at-will" employment. If a supervisor is not satisfied with the student's performance, s/he is encouraged to discuss those issues with the student and specify a period of time for demonstrated improvement. Again, this is not mandatory but good practice. Supervisors can contact the Associate Director of Financial Aid for assistance on these matters.

Supervisors must submit a **Termination Form** for any student who ceases employment in the department. All active employees are considered automatically terminated on June 30th of each year (without a Termination Form) due to federal regulations and fiscal purposes. Students who wish to work over the summer must reapply for Student Employment using the next academic year's FAFSA and eligibility terms. If a student maintains one position for the duration of his/her budget, the referral form will be active from July 1 to June 30. After June 30, even if a student is continuing the same job, a new referral must be filed for July 1.

Most supervisors hope that a student will remain on the job throughout the academic year or until the depletion of the student budget. However, changes in class schedule, academic load, or other factors may force a student to terminate their employment. Students should discuss any issues with the supervisor and try to give two weeks' notice. If there are any problems between a student and supervisor, they should mutually try to work on a resolution. Additional assistance is available by contacting the Student Financial Services contact.

The above student is no longer employed by _____,
(Department Name)

Banner account # _____.

Reason for Termination:

- Utilized entire budget (after Student Financial Services completed a review of the student account)
- End of academic year
- Graduated
- Poor work performance
- Other (specify):

Student Supervisor:

Date:

Student Signature (optional):

Date:

Supervisor Use Only- Please return this completed form to:
Office of Financial Aid Administration, Thomas Hall, Room 3.60