

JOB CHANGE REQUEST FORM

Reason for job change:

Student's Signature: _____ Date: _____

RELEASE OF EMPLOYMENT BY SUPERVISOR

Federal Work Study Account # - 53- _____

I hereby release _____ from his/her work study
(Student Name)

job with the _____ for the remainder
(Department Name)
of the academic year.

Student never worked

The student's last day of employment was/will be _____

Supervisor's Signature _____ Date: _____

Comments:

Please Return to:

Cindy Meekins
STUDENT EMPLOYMENT OFFICE
RECORDS HALL, ROOM 140
COLLEGE AVENUE CAMPUS
Phone: (848) 932-8817
Fax: (732)932-0524