

# Terminate a Student's Appointment

Off Campus Workstudy Appointment

Indiana University

***This form must be completed by the off-campus workstudy agency.***

Student legal name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_ Student preferred name (optional): \_\_\_\_\_

## Termination Type

Select one:

- Job completed
- Limit reached
- Voluntary termination
- Involuntary termination | Reason: \_\_\_\_\_

Other: \_\_\_\_\_

Effective Date of Termination: \_\_\_\_\_

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Prepared by (print name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preparer's phone number: \_\_\_\_\_ Preparer's email address: \_\_\_\_\_