



### Federal Work-Study Movement Form

#### EMPLOYEE INFORMATION

ID # \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

End Date (if applicable) \_\_\_\_\_ Department Name \_\_\_\_\_

Effective Date of Change \_\_\_\_\_

#### SUPERVISOR INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Department Name \_\_\_\_\_

#### ACTIONS

Check all that apply:

- End Job Date
- Position Transfer/Department Change

#### COMMENTS

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Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_