

**Federal Work-Study Movement Form****STUDENT EMPLOYEE INFORMATION**

Student ID #: \_\_\_\_\_

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

**ACTION**

- Transferring FWS positions
- Permanently ending employment

Employee's last day in current position: \_\_\_\_\_ (This will be the official end date of the position and last day available on timesheet).

Note: If transferring, student must await new start date to be sent by [fws@fit.edu](mailto:fws@fit.edu). Start dates for new positions must be on the first day of a pay period, so there could be a maximum 2-week window before new job begins.**SUPERVISOR INFORMATION**

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

Department: \_\_\_\_\_

**COMMENTS**

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

(unneeded if student has left University)