

California State University, Long Beach
Office of Financial Aid

Federal Work-Study (FWS) Employee Separation Slip

Student Last Name First Name Campus ID FWS Job #/Dept

Earnings To Date

Earnings as of the last payroll period Amount = \$ _____ Ending Date: _____	Earnings since the last payroll period Amount = \$ _____ Ending Date: _____
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No. Of Hours per week average: _____

Hourly Wages: _____

Last day employed/worked: _____

Reason for Separation

Supervisor's Signature

Supervisor's Name (please print)

Date

Title/Position

Phone Number

Submit to: Federal Work-Study Coordinator, BH-123