Request to Change End Date

Use this form to extend a student’s current assignment or to terminate an assignment prior to the originally requested end date.

KEEP A COPY OF THIS FORM FOR YOUR RECORDS

Student Name: _______________________  SID: ____________________

Job Group: circle one  SG (GA)          SF(FWS)          SU(UWS)

Budget Organization Code: __ __ __ __ __ - __ __ __ __ (SG=6140, SF=6141, SU=6139)

Position Number: ___ ___ ___ ___ ___ ___

Old End Date:        ___ ___ / ___ ___ / ___ ___ ___ ___

New End Date:       ___ ___ / ___ ___ / ___ ___ ___ ___

Comments:

___________________________________________________________________

___________________________________________________________________

___________________________________________________________________

AUTHORIZATION: I request that this student’s work study assignment be changed as noted on this form. Funds are available in my department’s work study budget to accommodate this request.

Department: __________________ Phone:___________ Timesheet Approver Signature: ______________________________

Cost Center Head Signature: ___________________________________________ Date: _________________

CP&D APPROVAL: ____________________ ______________ COMMENT: _______________________________________

RETURN FORM TO: Career Planning and Development- UNA Box 5066- GUC Room 202