

ORANGE COUNTY COMMUNITY COLLEGE
College Work- Study Program

COLLEGE WORK -STUDY STATUS REPORT

This form should be completed and signed by the Work- Study Supervisor whenever a student aide's work status changes. Please return a copy to Career Services and keep one copy on file for your records.

DEPARTMENT: _____ BUDGET CODE: _____

CONTACT PERSON: _____ PHONE EXTENSION: _____

BUILDING: _____ ROOM #: _____

(Student Name)

(Student ID #)

is no longer working in the department for the following reason(s):

PLEASE CHECK APPROPRIATE CIRCUMSTANCES

_____ 1. Withdrawn from classes

_____ 2. Unable to keep up with studies

_____ 3. Unsatisfactory work habits, specifically _____

_____ 4. Other: _____

_____ 5. **Do NOT** send another student aide

_____ 6. The student's absences creates a need for a replacement at _____ hours per

_____ 7. Specific days and/or times required _____ (open) _____

DATE: _____

SIGNATURE OF WORK-STUDY SUPERVISOR _____

