

UNENCUMBER WORK-STUDY FUNDS FORM

University of Connecticut
Office of Student Financial Aid Services
Student Employment Unit
233 Glenbrook Road Unit 4141
Storrs, CT 06269-4141

PURPOSE

This form is to be used by students leaving one Work-Study job to work another.

INSTRUCTIONS

Submit completed forms directly to the Student Employment Unit within the Office of Student Financial Aid Services.

Fax Completed Form To:
(860) 486-6253

Phone: (860) 486-3474
E-mail: studentjobs@uconn.edu
Website: http://studentjobs.uconn.edu

SECTION 1: Student Information		
Last Name	First Name	MI
Student ID		
SECTION 2: Details of Former Employer		
Department Name	Telephone Number	Payroll UBOX Number (Office Use Only)
I have informed my supervisor that I will no longer be working for this department: <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have received payment for all hours owed to me (i.e. I am not owed money.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when was the last day that you worked for the department?	
If the last day of employment falls within the current pay period, how many hours did you work during this pay period?		
SECTION 3: Details of New Employer		
Department Name	Telephone Number	Payroll UBOX Number (Office Use Only)
Name of Departmental Contact/ Supervisor		
SECTION 4: Student Authorization		
<i>I certify that the information recorded above is true and accurate. I authorize the Office of Student Financial Aid Services – Student Employment to unencumber Work-Study funds and finalize my Work-Study payroll authorization as specified.</i>		
Student's Signature _____	Date _____	

OFFICE USE ONLY	Initials	Date
1. Final hours/earnings were calculated, and the former WS payroll authorization was finalized.	_____	_____
2. The new department was contacted and informed that a new WS payroll authorization may be entered for the student.	_____	_____