# Defiance College Student Employment Program

## Payroll Update Form

<table>
<thead>
<tr>
<th>Name (last, first)</th>
<th>SSN</th>
<th>ID</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Department or Office</th>
<th>FWS, RCE</th>
</tr>
</thead>
</table>

**Type of Update (check all that apply):**
- Employment Terminated
- Name Change/Address Change

**Notes:**

**New Name or Address:**

<table>
<thead>
<tr>
<th>Reason for Update</th>
<th>Effective Date:</th>
<th>Termination Date:</th>
</tr>
</thead>
</table>

**Financial Aid Position Update:**

Green ____  Yellow ____  Date Available ____/____/____

**Comments:**

*Please attach original letter of resignation if applicable*

<table>
<thead>
<tr>
<th>Initiating Department</th>
<th>Date</th>
<th>Contact Ext.</th>
<th>FA Representative</th>
<th>Date</th>
</tr>
</thead>
</table>

Financial Aid will send final copies to:
1. Student Supervisor
2. Payroll

**Instructions:**

1. If student has had a name or address change, the Supervisor must complete this form and the student must complete a new State Tax Form (available on the web to print), and submit both forms to the financial aid office.
2. If a student is not continuing employment in your department or Office, the supervisor must complete this form only and submit to the financial aid office.
3. Financial Aid will update information as necessary and forward to Payroll.
4. Completed copies will be sent to the Supervisor.

Questions should be directed to Payroll or Financial Aid.

08/2007