

Defiance College Student Employment Program Payroll Update Form

Name(last, first)	SSN	ID
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Title	Department or Office	FWS, RCE	
Type of Update (check all that apply): <input type="checkbox"/> Employment Terminated <input type="checkbox"/> Name Change/Address Change	Notes:	New Name or Address:	
Reason for Update		Effective Date:	Termination Date:
Financial Aid Position Update: Green ____ Yellow ____ Date Available ___/___/___ Comments:			

*Please attach original letter of resignation if applicable

Initiating Department	Date	Contact Ext.	FA Representative	Date
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