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***Community Work-Study Mentorship***

***& Internship Program***

End of Employment Form

Please complete the requested information below. This information shared with the UTEP Office of Financial Aid to process and end of employment for the work-study student who will no longer be placed at your agency.

Agency name:       Supervisor name:

Supervisor email/phone number:

Work study student name:       Last date student worked:

Please provide a brief explanation of why the work-study student will no longer continue her/his placement:

Form completed by:

Date:

*Once completed, please submit this form to* [*cce@utep.edu*](mailto:cce@utep.edu)*. You will be contacted should any additional information be needed.*