# University at Buffalo
## Federal College Work-Study Program Transfer/Change Form

## Section I:

Last Name: _____  First Name: _____M. I. _____

Person Number: ___ ___ ___ ___ - ___ ___ ___ ___

## Section II:

The above named student has been **TERMINATED** from the following location:

Department Name: _____Campus Address_____

♦Effective Date_____

Supervisor Name: _____Supervisor Signature _____

## Section III:

The above named student is **TRANSFERRING** to the following location:

Department Name: _____  Department Entity Code

Department Campus Address: _____  _____ ___

Campus Phone Number: _____ State Paycheck Sort Code: _____

♦Effective Date (must be first day of a pay period) _____

Primary Supervisor: _____  Alternate Supervisor: _____

Person Number: ___ ___ ___ ___ - ___ ___ ___ ___    Person Number: ___ ___ ___ ___ - ___ ___ ___ ___

Signature: _____  Signature: _____

*Directions:*    *To **terminate** a student from your department complete **sections I and II**.*

*To **transfer** a student from another department complete sections **I and III**.*

♦Departmental transfers must start the first day of a new pay period.

♦ Students cannot be paid from a new department until this form has been received by University Human Resources.

## Please return the form to

**UB Human Resources
Townsend Hall
205 Hayes Road
Buffalo, NY 14214**

3/21/08