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

University Human Resources
120 Crofts Hall
Buffalo, NY 14260

3/21/08