

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