

# UNENCUMBER WORK-STUDY FUNDS FORM

## PURPOSE

This form is to be used by students leaving one Work-Study job to work another.

## INSTRUCTIONS

Submit completed forms directly to the Scholarship & Student Employment Unit within the Office of Student Financial Aid Services.

University of Connecticut  
Office of Student Financial Aid Services  
Scholarships & Student Employment  
233 Glenbrook Road Unit 4116  
Storrs, CT 06269-4116

**Fax Completed Form To:**  
(860) 486-5098

**Phone:** (860) 486-3474  
**E-mail:** [studentjobs@uconn.edu](mailto:studentjobs@uconn.edu)  
**Website:** <http://studentjobs.uconn.edu>

SECTION 1: Student Information		
Last Name	First Name	MI
Student ID	Employee Number	
SECTION 2: Details of Former Employer		
Department Name	Telephone Number	
I have informed my supervisor that I will no longer be working for this department: <input type="checkbox"/> Yes <input type="checkbox"/> No		
I have received payment for all hours owed to me (i.e. I am not owed money.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, when was the last day that you worked for the department?	
If the last day of employment falls within the current pay period, how many hours did you work during this pay period?		
SECTION 3: Details of New Employer		
Department Name	Telephone Number	
Name of Departmental Contact/ Supervisor		
SECTION 4: Student Authorization		
<b><i>I certify that the information recorded above is true and accurate. I authorize the Office of Student Financial Aid Services – Student Employment to unencumber Work-Study funds and finalize my Work-Study payroll authorization as specified.</i></b>		
Student's Signature	Date	
OFFICE USE ONLY		Initials    Date
1. <b><i>Final hours/earnings were calculated, and the former WS payroll authorization was adjusted in CORE-CT. (Do not process a Separation/Termination.)</i></b>		_____
2. <b><i>The new department was contacted and informed that a new WS payroll authorization may be entered for the student.</i></b>		_____