

University of Central Missouri
Student Financial Services
P.O. Box 800
Warrensburg, MO 64093-5178

Phone 660-543-8266
FAX 660-543-8080

Web: www.ucmo.edu/sfs

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UCM use only

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_____ 700 _____
Student's Name (please print) UCM ID Number

Please take the following action regarding the Federal Work-Study earnings allotment I was offered:

___ Cancel my allotment for the following period (mark only one):

___ 20 /20 School < H D U ___ 20 Fall Semester

___ 20 Spring ___ 20 Summer Session

My last day of work was (or will be) _____

Reason for cancellation: _____

___ Reduce my allotment for the following period from \$ _____ to \$ _____

___ 20 /20 School Year ___ 20 Fall Semester

___ 20 Spring Semester ___ 20 Summer Session

Reason for this reduction: _____

I understand that UCM Student Financial Services is required to report changes in my Federal Work-Study earnings allotment to any agency or organization external to UCM who is also providing me financial assistance.

Student's Signature _____ Date _____

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Total amount this student will have earned for the above period: \$ _____

Total hours this student will have worked for the above period: _____

Supervisor's Signature _____ Date _____

Complete and submit this document to UCM Student Financial Services in person (1100 Ward Edwards Bldg.) or by mail (University of Central Missouri, Student Financial Services, P.O. Box 800, Warrensburg MO 64093-5178), or by fax (660-543-8080).