

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

**Section I:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M. I. \_\_\_\_\_

Person Number: \_\_\_\_\_ - \_\_\_\_\_

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**Section II:**

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

Department Name: \_\_\_\_\_ Campus Address \_\_\_\_\_

◆Effective Date \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Supervisor Signature \_\_\_\_\_

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**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: \_\_\_\_\_

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**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**