

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

Phone 660-543-8266  
FAX 660-543-8080  
Web: [www.ucmo.edu/sfs](http://www.ucmo.edu/sfs)

# Request to Reduce or Cancel a Work-Study Earnings Allotment

## 2020/2021

UCM use only

WSRC1

Student's Name (please print) \_\_\_\_\_ 700 \_\_\_\_\_  
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):

\_\_\_ 2020/2021 School Year      \_\_\_ 2020 Fall Semester  
\_\_\_ 2021 Spring Semester      \_\_\_ 2021 Summer Session

My last day of work was (or will be) \_\_\_\_\_

Reason for cancellation: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_ **Reduce** my allotment for the following period from \$ \_\_\_\_\_ to \$ \_\_\_\_\_

\_\_\_ 2020/2021 School Year      \_\_\_ 2020 Fall Semester  
\_\_\_ 2021 Spring Semester      \_\_\_ 2021 Summer Session

Reason for this reduction: \_\_\_\_\_  
\_\_\_\_\_

I understand that the UCM Office of 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** \_\_\_\_\_

### UCM USE ONLY

**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 the UCM **Office of 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).