



Request to Reduce or Cancel a Work-Study Earnings Allotment

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

Documents Only Email:

financialassistance@ucmo.edu

FINANCIAL AID

2025/2026

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):

___ 2025/2026 School Year ___ 2025 Fall Semester

___ 2026 Spring ___ 2026 Summer Session

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

Reason for cancellation: _____

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

___ 2025/2026 School Year ___ 2025 Fall Semester

___ 2026 Spring Semester ___ 2026 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 _____

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 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).