



**WA State Work Study
Employment Referral/Agreement**

Payroll Use Only:

Fiscal Year: _____

Term(s): _____

Job Code: _____ Posn Num: _____

Student Name: _____ PLU ID: _____

All three sections of this form must be completed before the student begins working.

State Work Study award amounts are part of a student’s financial aid offer and are subject to change. It is the student’s responsibility to notify Payroll if any of the following changes occur, as they could reduce work study eligibility:

- A change to your FAFSA that increases your EFC (Expected Family Contribution)
- A change to your financial aid offer, such as borrowing additional loans or receiving more scholarship funding
- You withdraw from PLU or your semester tuition charges are reduced due to a credit loan reduction.

If needed, the Payroll Office will notify the employer of changes to the student’s eligibility.

Step 1 – Student Acknowledgement

I have read the statement above and agree to contact PLU Payroll if I make changes to my financial aid or enrollment. I authorize PLU to discuss my work study award with the employer listed below.

Student Signature _____ Date _____

Step 2 – State Work Study Employer Information

Employers are responsible for tracking a student’s remaining work study eligibility. If the student’s earnings exceed the authorized work study award, the employer is responsible for paying 100% of the student’s wages (without reimbursement).

Employer: _____

Full Address: _____

EIN: _____ Supervisor Name: _____

Contact Email: _____

Student’s Job Title: _____

Hourly Wage: \$ _____ Expected Hours Per Week: _____ Start Date: _____ End Date: _____

Requested Authorization Amount for June (6/1/20xx – 6/30/20xx only): \$ _____

Requested Authorization Amount for July – May (7/1/20xx – 5/31/20xx only): \$ _____

I have read the explanation at the top of this page and understand that work study awards are subject to change. I am authorized to sign off on this agreement for the Employer listed above and understand this is a paid position.

Representative Signature _____ Date _____

Step 3 – PLU Payroll Authorization

This section must be completed by a PLU Payroll representative before the student begins working.

June Work Study Authorization Amount (available 6/1/20xx – 6/30/20xx): \$ _____

July-May Work Study Authorization Amount (available 7/1/20xx – 5/31/20xx): \$ _____

I certify that this work study authorization amount is consistent with the student’s SWSP award on today’s date.

Authorized by: _____ Date: _____

Date Entered into Banner: _____ Date Copy was Emailed: _____