



Term/Year: _____
 SWS Job #: _____
 Job Code #: _____

State Work Study Employment Referral / Agreement

Ramstad Hall 112, Tacoma, WA 98447 Office (253) 535-7459 Fax (253) 535-8406 Email stuemp@plu.edu

STEP 1a.

The amount listed below is an indication *by Student Financial Services* that the student is eligible to participate in the State Work Study program. It is an *estimate* of how much the student may be able to receive. The student should *not* begin working until they have been authorized to work in Section IV below.

Eligibility amount: _____ **Term(s) Eligible** (circle all that apply): Summer Fall Spring **Year:** _____

Financial Aid authority signature: _____ **Date:** _____

STEP 1b. Student Information *(Student completes this section.)*

Name: _____ SSN: _____ PLU ID: _____

Address: _____ Phone: _____

City: _____ St: _____ Zip: _____ Email: _____

Signature: _____ Date: _____

STEP 2. Employer Information *(Employer completes this section.)*

Employer Name: _____ EIN #: _____

Supervisor: _____ Phone: _____ Fax: _____

Address: _____ Email: _____

City: _____ St: _____ Zip: _____

Student's Job Title: _____

STEP 3. Award Request **(Please Read Carefully)**

It is very important that the student and employer work together to develop a reasonable work study request. When we make excessively large awards it removes funding from the program unnecessarily and can deprive other students the opportunity to work.

Summer Awards must be requested separately from Academic Year Awards. Please choose which term this award is being requested for.

SUMMER (13 weeks) ACADEMIC YEAR (39 weeks)

Hourly Wage _____ x Estimated Hours Per Week _____ x Number of Weeks to work _____ = \$ _____

Employer Signature: _____ **Date:** _____

STEP 4. Employment Authorization *(STUDENT EMPLOYMENT not Student Financial Services)* In order for the student to begin work, this section must be completed, and the employer receives a copy of this document for their records. **The student has only been authorized to earn (gross wages) the amount listed below.**

Summer Award (first day after end of academic year-August 31): \$ _____

Academic Award (September 1-May (end of academic year): \$ _____

Authorized by: _____ Date: _____

Comments: _____

Banner: _____ Faxed Date: _____ Initialed: _____