



WA State Work Study Employment Referral/Agreement

Student Name _____

PLU ID _____

Step 1 – Student Acknowledgement

I understand that this form provides a summary of my State Work Study eligibility for the term(s) selected below. I understand that financial aid awards, including my state work study award, may be increased or decreased based on new or revised financial information reported to PLU. I understand that I may not begin my work study employment before this form has been completed and a copy of the form has been sent to my employer.

Signature _____

Date _____

Step 2 – Student Financial Services Pre-Authorization

The amount listed below is an indication 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.

Aid Year _____ Term(s) Eligible Summer Fall Spring Eligibility Amount \$ _____

Is there potential to increase the award amount in the future upon request Yes No

Student Financial Svcs Representative Signature _____ Date _____

Step 3 – Employer Information

This section must be completed by the employer prior to student's first day of employment. A job becomes State Work Study eligible once the completed form has been emailed to the employer. Employers are responsible for tracking a student's remaining work study eligibility. Once the student's work study earnings match their award amount and no additional eligibility is possible, the employer is responsible for paying 100% of the student's wages (without reimbursement).

Business/Agency/Organization Name _____ EIN _____

Supervisor Name _____ Phone _____

Address _____ Email _____

City, State Zip _____

Student's Job Title _____

Hourly Wage _____ x Hours / Week _____ x Number of Weeks Employed _____ = \$ _____

Term(s) during which student is expected to work (check all that apply) Summer Fall Spring

Employer Signature _____ Date _____

Step 4 – Student Employment Authorization

This section must be completed by a Student Employment representative. The original form will be kept in the Student Employment Office and a copy of the form will be emailed to the employer.

Total Remaining Work Study Award \$ _____ Last Day to Use Work Study Award _____

Authorized by _____ Date Entered into Banner _____ Date Emailed _____