



WA State Work Study Employment Referral/Agreement

Student Name _____

PLU ID _____

All three sections of this form must be completed before a student begins working. The PLU Student Employment Office will email a copy of the signed form to the supervisor once all three sections are complete.

Work Study award amounts are part of a student’s financial aid offer and are subject to change, based on financial aid regulations. It is the student’s responsibility to notify Student Employment 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 increasing the amount of loans borrowed or receiving additional scholarship dollars,
- You withdraw from PLU or your semester tuition charges are reduced due to a credit load reduction.

If needed, Student Employment 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 Student Employment 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 – 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 and the student has no eligibility for an award increase, the employer is responsible for paying 100% of the student’s wages in excess of their award (without reimbursement).

Business/Agency/Organization Name _____

EIN _____ Supervisor Name _____

Email _____

City, State, Zip _____

Student’s Job Title _____

Hourly Wage _____ Requested Authorization Amount \$ _____ Choose One: Summer Academic Year

I have read the explanation at the top of this page and understand that work study awards are subject to change.

Employer Signature _____

Date _____

Step 3 – Student Employment Authorization

This section must be completed by a Student Employment representative before the student begins working.

Work Study Authorization Amount \$ _____ Last Day to Use Work Study Award _____

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

Authorized by _____

Date _____

Date Emailed _____ Date Entered into Banner _____