



Term/Year: \_\_\_\_\_  
 SWS Job #: \_\_\_\_\_  
 Job Code #: \_\_\_\_\_

# State Work Study Employment Referral / Agreement

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## STEP 1a.

The amount listed below is an indication *by a Financial Aid representative* 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 *(STATE WORK STUDY REPRESENTATIVE ONLY: Not Financial Aid)*

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: \_\_\_\_\_