

# 2016-2017 FEDERAL WORK STUDY EMPLOYMENT REFERRAL

FWS JOB CODE:	_____
DEPT. CODE:	AP
CREDITS:	_____

STUDENT: \_\_\_\_\_ SSN: \_\_\_\_\_ DATE: \_\_\_\_\_

TOTAL FWS AUTHORIZED: \_\_\_\_\_ EXPENDED TO DATE: \_\_\_\_\_ BALANCE: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ BUDGET #: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

## IF YOU CHOOSE TO HIRE THIS STUDENT, COMPLETE THIS SECTION

**FWS RULE:** *Student cannot work more than 19 hours weekly when classes are in session and not more than 40 hours weekly during vacation periods or breaks.*

**PAY RATE:** \$ 11.39

**JOB TITLE:** Campus Food Service Worker

**DESCRIPTION:** Tasks and responsibilities are of a trainee level and may include, but are not limited to, a combination of the following: Operate cash register; keep work area neat and orderly; light duty cleaning/empty trash, sanitize, sweep, wash dishes; set up and take down equipment and furniture; unskilled cooking projects; perform minor repairs to various cooking utensils; perform simple cooking preparation; serve food, load and transport food to various locations; assist customers/visitors; restock/maintain inventory/supplies; monitor/assist with various activities; other duties as assigned.

**EDUCATIONAL BENEFITS TO BE DERIVED BY STUDENT IN THIS JOB.** Specifically, how will this job enhance the student's education or relate to a future career track? Student employee will receive experience working in a professional setting. Student employee will also receive appropriate safety training and right to know workplace training, develop customer service skills, ethics in the workplace knowledge, teamwork skills, and professional work habits.

*Before the student may work, he/she must complete an I-9 Form and IRS Form W-4 at the payroll office. The appropriate department vice-president, dean or designee must approve work study hiring.*

### THE SUPERVISOR IS RESPONSIBLE FOR:

1. Properly completing and returning this form in a timely manner.
2. Explaining to the Work Study student the job requirements, hours to be worked, procedures to be followed in case of student illness/injury on the job, employment benefits (if any), and method and date of payment.
3. Reporting on the timesheet the hours worked, verifying all data, initialing all changes/corrections, properly signing it, and ensuring approval from the appropriate vice president, dean or designee.
4. **Submitting the timesheet ON TIME.** Payroll schedules are available at the Payroll Office and online.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ADMINISTRATOR'S SIGNATURE

\_\_\_\_\_  
DATE

**SUPERVISOR: PLEASE COMPLETE AND RETURN THIS REFERRAL TO THE PAYROLL OFFICE IMMEDIATELY. IF YOU HAVE QUESTIONS, CALL THE WORK STUDY COORDINATOR, LISA WILKINSON, AT 442-2393.**

Lower Columbia College provides equal opportunity in education and employment and does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. Qualified members of protected classes are encouraged to apply. The College is also committed to maintain an environment for teaching and learning which is free of drugs and alcohol. The Title IX/ EEO Coordinator and Section 504 Compliance/ADA Officer is Kendra Sprague, Administration Building, (360) 442-2120.

If you are hired, you will need to provide proof of identity and documentation of U.S. citizenship or appropriate legal authorization to work for the duration of this position as required by the Immigration Reform Control Act of 1995.

# 2016-2017 STATE WORK STUDY EMPLOYMENT REFERRAL

SWS JOB CODE: _____
DEPT. CODE: <u>AP</u>
CREDITS: _____

STUDENT: \_\_\_\_\_ SSN: \_\_\_\_\_ DATE: \_\_\_\_\_

TOTAL SWS AUTHORIZED: \_\_\_\_\_ EXPENDED TO DATE: \_\_\_\_\_ BALANCE: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ BUDGET #: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ SUPERVISOR: \_\_\_\_\_

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\_\_\_\_\_  
STUDENT SIGNATURE                      DATE

\_\_\_\_\_  
SUPERVISOR'S SIGNATURE                      DATE

\_\_\_\_\_  
ADMINISTRATOR'S SIGNATURE                      DATE

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