2025-2026 WORKFIRST WORKSTUDY EMPLOYMENT REFERRAL FORM

STUDENT NAME: _____   ctcLink ID: _____

ADDRESS: _____   CITY/STATE: _____

Quarter Awarded	*Summer 2025		*Fall 2025	
Award Amount	$	$	$	$
Approved: Yes or No				
Reason if not approved				

Quarter Awarded	*Winter 2026		*Spring 2026	
Award Amount	$	$	$	$
Approved: Yes or No				
Reason if not approved				

Students are eligible to work a maximum of 19hrs per week when classes are in session; up to 40hrs per week during breaks. Approval is required by supervisor and WorkFirst to exceed 19-hrs during breaks. Students must have WFWS funding to work additional hours. Specific hours and requirements must be met during breaks per WorkFirst and DSHS.

AUTHORIZED BY: _____   DATE: _____

Award amount subject to change due to availability of funds and changes to other awards.

SUPERVISOR SECTION

SUPERVISOR: _____ PAY RATE: $_____ HIRE DATE: _____

STUDENT'S JOB TITLE _____ START DATE: _____

DEPARTMENT: _____ DEPT CODE: _____

*I understand that this student is eligible to earn the award listed above; that I am responsible for tracking the student's hours and award balance; that the department is responsible for any overage if the student exceeds their award.
*Any changes in the student's Financial Aid may result in a change in their Work-Study award.

SUPERVISOR SIGNATURE: _____   DATE: _____

WORKFIRST STAFF SIGNATURE: _____   DATE: _____

04/2025

STUDENT ACKNOWLEDGMENT SECTION

*I understand that Work Study is a form of financial aid. If at any point I become ineligible for financial aid, I will notify my supervisor <u>and</u> Payroll immediately and stop working. If I fail to do so, I may be required to repay any overpayment issued to me.

*I understand that WorkFirst Work Study (WFWS) is contingent upon receipt of TANF benefits. If I close or lose my TANF benefits, I will notify my supervisor and LCC WorkFirst Staff and stop working immediately.

*I understand that I may not work more than 19 hours per week through any combination of employment at Lower Columbia College and that I cannot be employed as regular college employee while working as a student employee. I am responsible for following the COVID-19 on-campus policies and I must enter my time in ctcLink by the designated due dates.

*Online SAP and student employee information is available at: https://lowercolumbia.edu/financial-aid/forms.php

STUDENT SIGNATURE: _____   DATE: _____

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