



2023-2024 WORKFIRST WORKSTUDY EMPLOYMENT REFERRAL FORM

STUDENT NAME: _____ ctcLink ID: _____

ADDRESS: _____ CITY/STATE: _____

WORKFIRST STAFF USE ONLY

Quarter Awarded

Award Amount
Approved: Yes or No
Reason if not
approved

| *Summer 2023 | | *Fall 2023 | |
|--------------|----|------------|----|
| \$ | \$ | \$ | \$ |
| | | | |
| | | | |

Quarter Awarded

Award Amount
Approved: Yes or No
Reason if not
approved

| *Winter 2024 | | *Spring 2024 | |
|--------------|----|--------------|----|
| \$ | \$ | \$ | \$ |
| | | | |
| | | | |

****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: _____

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 and 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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