



2026 – 2027 WorkFirst Work Study Referral Form

Student Name: _____ Student ID: _____

Address (including city/state/zip): _____

WORKFIRST STAFF USE ONLY

Award Amount			
<i>* Amount subject to change due to enrollment level, availability of funds, and changes to other awards</i>			
Summer 2026	Fall 2026	Winter 2027	Spring 2027

Reason for ineligibility: _____

WORKFIRST STAFF SIGNATURE: _____ DATE: _____

SUPERVISOR SECTION

Supervisor: _____ Department: _____

Start Date: _____ End Date (if known): _____

Position/Code/Hourly Pay Rate:

WorkFirst Work Study (009214) \$18.00

Off-Campus WorkFirst Work Study (009215) \$18.00

WorkFirst Tutor 1 (009216) \$18.00

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 may be responsible for any overage. I understand that students can work up to 19 hours per week while classes are in session, and up to 40 hours per week during breaks (approval by WorkFirst is required); Students must have WFWS funding to work additional hours. Specific hours and requirements must be met during breaks per WorkFirst and DSHS.

SUPERVISOR SIGNATURE: _____ DATE: _____

STUDENT ACKNOWLEDGEMENT SECTION

- *I acknowledge that this appointment constitutes temporary, student employment, that is exempt from the civil service rules of the Washington State Department of Personnel and that I am not eligible for most state employee benefits including but not limited to health insurance, holiday pay, or continued employment.*
- *I am eligible for non-compensable sick leave in accordance with RCW 49.46.210.*
- *I understand that if I am interested in permanent employment at LCC I must apply and compete for a position.*
- *I understand that WorkFirst Work Study is a form of financial aid. If at any point I become ineligible, I will notify my supervisor and Payroll immediately and stop working. If I fail to do so, I may be responsible for any overpayment.*
- *I understand that WorkFirst Work Study is contingent upon receipt of TANF benefits. If I close or lose my TANF benefits, I will notify my supervisor and 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.*

STUDENT SIGNATURE: _____ DATE: _____