



Office of Financial Aid

Central Washington University

Work-Study Personnel Action Form

(WSPAF) 2021-2022 Academic Year, 9/16/21 - 6/15/22

Student: Read Off-Campus Work-Study Instructions before completing. You will need access to your 2019-2020 Financial Aid Award Letter to complete this form.

Student's Name: _____ **CWU Student ID #:** _____

Major: _____ **Career Interest:** _____ I will not be 18 years old by my first day of work
The below amounts can be found on your 2020-2021 Financial Aid Award: I have more than 1 off-campus job

Financial Need (COA – EFC): \$ _____ **Fed Direct Subsidized Loan (total):** \$ _____

I have read and agree to all conditions described on my Financial Aid Award Letter and the CWU Drug-Free Workplace Policy Statement. I agree to keep confidential information as required per FERPA regulations. If I drop below full-time credits, I will inform my supervisor and reduce my work hours to 69 hours per month. I will stop working if I drop to less than half time credits or am suspended by Financial Aid. This form does not guarantee a Work-Study award. Awards are contingent upon available funding and financial aid eligibility.

Student's Signature

Date

Employer: Read Off-Campus Work-Study Instructions before completing. **SWV# (Statewide Vender Number):** _____

Department/Org.: _____ **Email:** _____
Print Clearly

Employer's Address: _____
Address City State Zip Code

Student's Job Title: _____ **Job Description #:** _____

Yes, Community Service **FWS ONLY:** America Counts

Requested Begin Date: _____ **End Date:** _____ **Hourly Wage Rate:** \$ _____

Total Wages Requested (per quarter): \$ _____ \$ _____ \$ _____
Fall Winter Spring

I have read the Off-Campus Work-Study Instructions and Student Employment Supervisor's Manual at www.cwu.edu/student-employment and agree to monitor the student's employment in accordance with all applicable policies and regulations. I agree to provide proper supervision to the student. I agree to wait until this form is approved before allowing the student to work, and I understand that hours worked prior to approval will not be reimbursed. I will not schedule the student to work at a time when s/he is scheduled to be in class, including during finals weeks. If in a CWU campus job & a background check is necessary I have indicated so above and will process the request through CWU Human Resources. I will ensure that keys and other materials are returned when employment ends. **I agree that any requests for reimbursement made after the fiscal year end on June 20, 2022 will not be honored for reimbursement.**

Supervisor's Signature

Print Name Clearly

Supervisor's Phone

Date

FA
USE
ONLY

Award Type: Federal ___ State ___ **Award Total:** _____ **Reimbursement Rate:** _____
FA Approved: _____ **Date:** _____