



CENTRAL WASHINGTON UNIVERSITY

Employer: Work-Study Personal Action Form

2026-2027 Academic Year, 9/16/26 - 6/15/27

Student & Job Information

Student Name: _____	Student ID Number: _____
WS Job Title: _____	WS Job Title Number: _____
Pay Rate: _____	Start Date: _____
End Date: _____	Hrs Per Week: _____
Com Service: Yes ☐ No ☐	

Employer Information:

Organization: _____	Type: _____
EIN: _____	Supervisor Name/Email: _____
Payroll Contact Name/Email: _____	

Student participation is subject to and is limited by continued eligibility for aid. An award will be canceled if a student loses eligibility for failure to maintain satisfactory academic progress. Award amounts are subject to change due to revised financial need or other factors that affect the student's eligibility. Only wages earned in accordance with Work Study guidelines are eligible for Work Study compensation or reimbursement.

Employers are responsible for prompt submission of this form.

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. I agree that any requests for reimbursement made after the fiscal year end on June 20, 2027 will not be honored for reimbursement.

Supervisor's Name: _____ Supervisor's Signature: _____ Date: _____

Financial Aid Office Use Only

Award Type:	Award Total:	Reimbursement Rate:
FA Approved By:	Date:	

Office of Financial Aid & Scholarships

400 E University Way • Ellensburg, WA 98926-7496 • Office: 509-963-1611 • Fax: 509-963-1788
Bouillon Hall, Room 106 • Email: WorkStudy@cwu.edu