Columbia Basin College

Student Employment State Work Study Program

Employer Handbook

Phone: (509) 542-4875
Fax: (509) 547-3673
http://jobs.columbiabasin.edu

COLUMBIA BASIN COLLEGE
STUDENT EMPLOYMENT
STATE WORK STUDY

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The data in this handbook reflects an accurate picture of Columbia Basin College at the time of publication. However, the community college reserves the right to make necessary changes in procedures and policies. Changes, if any, will be announced prior to their effective dates.

Revised October 2007

EMPLOYER HANDBOOK

MISSION STATEMENT

The Student Employment Program at Columbia Basin College serves three purposes:

1. To provide employment for students enabling them to earn a portion of their expenses while pursuing a college education.
2. To enhance the educational development and growth of students by providing work-related learning experiences.
3. To provide academically related work experience which may be of value vocationally in post-college years.

The **Student Employment Office** at **Columbia Basin College** is committed to assisting students with their employment needs and providing employers with well-trained candidates to establish tomorrow's workforce. For further information contact our office at:

Columbia Basin College
Student Employment Office
2600 North 20th Avenue
Pasco, WA 99301
Phone: (509) 542-4875 FAX: (509) 547-3673
Website: http://jobs.columbiabasin.edu

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Note: All State Work Study forms are available on our web site. To access, please follow these instructions:

1. Go to http://jobs.columbiabasin.edu
2. Click on the link “Work Study”
3. Click on the link “Supervisors”
4. Click on the link “State Work Study Forms”
5. This page will have links to SWS employer forms and procedures.

STATE WORK STUDY (SWS) PROGRAM

INTRODUCTION

State Work Study is funded by the State Legislature and administered by the Washington State Higher Education Coordinating Board through the Financial Aid Office. These funds are generally used for off-campus jobs which are related to the student's major and/or career goals. Like all Work Study programs, students must file a Financial Aid Form and have a demonstrated need.

STATE WORK STUDY CONTRACT

In order to hire State Work Study students, employers must have a current contract in place with Columbia Basin College and the Washington State Higher Education Coordinating Board (Appendix A1). New Employer Contract Packets are available on the Student Employment Website at http://jobs.columbiabasin.edu. The contract packet also contains the Employer Profile (Appendix A2), Tax Reporting Information (Appendix A3), and a Job Description Form (Appendix B). Once an employer has completed a contract and is approved, the Washington State Higher Education Coordinating Board alerts the employer in the spring that it is time to renew their contract for the upcoming academic year. Employers are encouraged to do so. Choosing to renew a contract does not obligate an employer to hire a student.

SWS JOB POSTINGS

The Job Description Form (Appendix B) is completed to post new positions. If the Student Employment Office has the job description on file and it is still current, it may not be necessary to submit a new job description. Please call the Student Employment Office at (509) 542-4875 to repost. If the job description needs updating or it is a different job description from what is on file, please complete a new Job Description Form. Forms are located on the Student Employment Website at http://jobs.columbiabasin.edu. When completed, either fax the forms to 547-3673 or e-mail to: ksatterfield@columbiabasin.edu. Jobs will be posted on our Job Board and Website. The State Work Study Coordinator will refer students who meet the qualifications and forward their resume to perspective employers.

REFERRAL OF AN SWS STUDENT

- Students are identified according to their major and career goals.
- Employers receive resumes of students who meet their job requirements.
- Employers review resumes and schedule interviews with students.
- Students should give the employer a Referral Form at the time of interview (Appendix C1 or C2) along with an Employer Procedure (Appendix C3) to be read by the employer.

REFERRAL OF AN SWS STUDENT (cont.)

- Students should give the employer a Referral Form at the time of interview (Appendix C1 or C2) along with an Employer Procedure (Appendix C3) to be read by the employer.
- When the employer is ready to hire a student, the employer will complete the employer section of the referral and return the form to the Student Employment Office prior to the student beginning work. Reimbursement cannot be guaranteed until this form is received and a current contract is in place.
- The Student Employment Office, upon receiving the referral form, will verify the students' eligibility for State Work Study and complete the number of hours each week that a student is eligible to work with reimbursement to the employer based on their Financial Aid award and rate of pay.
- If an employer would like to know the number of hours a student is eligible to work prior to offering the student a job, please check with the Student Employment Office.

PLACEMENT

Once a student is hired, they are paid by the employer on the employers' regular pay days at least once per month.

Students are asked to meet with their employer as soon as possible to discuss job duties, office procedures, dress code and any other job expectations. The Student Evaluation Form (appendix D) may be useful to you at this meeting. We suggest that this be reviewed with the student at the end of each quarter and a copy of the Student Evaluation form be sent to the Student Employment Office.

HOURS

Students are limited to a 19 hour work week when classes are in session and may work up to 40 hours per week during breaks and vacation periods (if their quarterly award is not yet fully expended at the completion of the quarter and if their supervisor requests that they do so). If a student is not eligible for SWS the following quarter, their employment ends on the last day of the current quarter.

It is imperative that employers closely monitor the number of hours referred to on the Referral Form in order to insure that the students' State Work Study award is not exceeded. If it is of absolute necessity to the employer that the student work more than 19 hours per week while classes are in session, the students' actual hours worked must be reflected on their Time Sheet (Appendix E). The employer will only be proportionally reimbursed for a total of 19 hours per week; however, earnings that exceed the dollar amount that the student was awarded for the quarter may possibly impact the amount of their financial aid award for the following year.

STUDENTS ELIGIBILTY

Should the student employees' financial aid eligibility change, their Work Study eligibility may also change. If the student cancels their enrollment, reduces their credit hours to less than half time, or loses their financial aid due to their academic achievement, they immediately lose their eligibility for Work Study. Once the Student Employment Office is notified that a student employee has lost their eligibility for financial aid, the employer will be informed immediately that reimbursement may not be issued after that date.

SWS TIME SHEETS

Each month the Student Employment Office will provide employers with a Time Sheet (Appendix E) to be completed and submitted on a monthly basis. The employer may request the student to use a different time sheet for their internal use in addition to the official one required by the college. An online timesheet is available at: http://jobs.columbiabasin.edu.

To access the online timesheet, please follow these instructions:

1. Go to http://jobs.columbiabasin.edu
2. Click on the link "Work Study"
3. Click on the link "Supervisors"
4. Click on the link "State Work Study Forms"
5. Click on the link "Monthly Electronic Timesheet for SWS Students"

PAYMENT TO STUDENT

The employer is responsible for paying each student (by check only) at least once per month depending upon the employer's pay period. If the employer pays weekly or bi-weekly, the official Washington State Work Study Program Time Sheet will still be submitted only once per month for reimbursement. Federal taxes, FICA (Social Security) and medical aid must be withheld from the paycheck.

REIMBURSEMENT TO EMPLOYER

The employer must pay the student and then submit the time sheet for reimbursement to Student Employment Office by the 5th of the following month unless otherwise directed. Reimbursement checks will be mailed by Columbia Basin College by the end of the following month.

STATE OF WASHINGTON WORK STUDY PROGRAM
EMPLOYER CONTRACT

THIS CONTRACT, entered into this _____ day of _____, 20____, by and among the Higher Education Coordinating Board, an agency of the state of Washington, hereafter called the "Board," or a public postsecondary institution(s) acting as an instrument of the Board in the placement of students, hereinafter called the "Institution;" and _____, an eligible Employer, hereinafter referred to as the "Employer."

WITNESSETH:

WHEREAS, the Board has been appropriated funds from the state of Washington, pursuant to RCW 28B.12, to stimulate and promote part-time educationally-related employment of students who are in need of the income from such employment to pursue courses at institutions of postsecondary education; and

WHEREAS, the Employer is a non-profit organization or a profit-making business entity which does not have a direct association with a controlling sectarian organization; and

WHEREAS, the Board, the Institution, and the Employer desire that certain students engage in work under the State Work Study Program authorized by RCW 28B.12; and

WHEREAS, the Employer is in a position to utilize the services of such students;

NOW THEREFORE, in consideration of the mutual covenants hereinafter contained, the parties hereto agree for themselves as follows:

A. Employer Responsibilities: General

To be eligible for and to receive reimbursement, the Employer agrees to:

1. Utilize the services of students referred to it by the Institution(s) who are eligible to participate in the State Work Study Program, who provide documentation of eligibility, and who are qualified and acceptable to the Employer. A detailed job description and the pay range for each position must be set forth on a "Job Description" form, or its equivalent, submitted to and approved by each participating Institution;
2. Comply with all appropriate federal, state, and local laws;
3. Employ students to perform only work which will not:
   a. Result in displacement of regular employees, impair existing contracts for services, or fill positions which are vacant because regular employees are involved in a labor dispute;
   b. Replace positions occupied by regular employees during the current or prior year or any position currently or formerly occupied by Higher Education Personnel classified staff;
   c. Be sectarian-related; or
   d. Involve any partisan or non-partisan political activity;
4. Ensure that the work performed by the State Work Study student will bear relationship to the student's formal academic program and/or career interest;
5. Pay each student an hourly rate which is at least equal to the entry level rate for comparable positions within the employing organization;
6. Pay each student on a per-hour worked basis. The student may not be compensated on a completion-of-project, independent contractor or salaried basis;
7. Supervise in a reasonable manner the work performed by the student(s);
8. Maintain a daily record of the hours worked by each student on a form approved by the Board for that purpose;
9. Regulate the number of hours worked to ensure that no student works more than an average of the 19 hours reimbursable per week over the period of enrollment for which the student has received an award or a maximum of the 40 hours reimbursable per week during vacation periods, unless the Institution has specified that the student work fewer hours per week, in which case the Employer will regulate the hours accordingly;
10. Notify the Institution of any change affecting the student's employment; and
11. Complete the attached Business Profile, and also provide the Institution or the Board, upon request, additional information substantiating its eligibility as an Employer, information on its employee classification/compensation plan, and/or a current financial statement confirming its fiscal solvency.
12. The employer agrees to:
    a. Put in place procedures to safeguard the integrity, confidentiality, and appropriate use of the Board’s electronic systems and all data obtained through the Board’s electronic systems;
    b. Use the Board’s electronic systems only for official business and to take reasonable care to protect all user names, passwords, and any subsequent forms of user authentication from use by unauthorized persons;

c. Not use any personally identifiable student data obtained from the Board's electronic systems to conduct research or other studies unless express written consent is obtained from the Board's executive director or his representative;
d. Report promptly to the Board any incident or act that would threaten and/or compromise the security or integrity of the Board's electronic systems including any compromise or suspected compromise of passwords; and
e. Take reasonable care to prevent the introduction of any code that could cause harm to the Board's electronic systems or data.

B. Employer Payroll and Reimbursement Responsibilities:

The Employer further agrees to:

1. Pay directly to employed students by check or direct deposit their total compensation less appropriate deductions at least once a month, at a rate of pay at least equal to the entry level salary (starting hourly rate or wage) of comparable positions within the employing organization;
2. Bear the costs of employee benefits, including all payments due as an employer's contribution under the State Worker's Compensation laws or Federal Employment Compensation Act (federal agencies only), federal Social Security laws, state unemployment laws, OSHA regulations, and WISHA (Washington Industrial Safety and Health Act) regulations and other applicable laws;
3. Bear the full cost of any commission, bonus, or other special compensation paid the student in addition to the agreed-upon hourly rate of pay;
4. Claim reimbursement only for wages:
   a) That do not represent hours of work in excess of maximum number of hours subject to reimbursement under this contract;
   b) Certified under oath as paid by check or direct deposit to students certified as eligible by the Institution; and
   c) For hours actually worked by the student.
5. Submit to the Institution's appropriate office a completed timesheet for each student employee hired through the State Work Study Program according to the schedule provided by the Institution. In the event the Institution does not establish a schedule, THE TIMESHEET MUST BE SUBMITTED WITHIN 15 DAYS OF THE END OF THE PAYROLL PERIOD;
6. Submit timesheets for any student(s) who earned compensation or was paid during the month of June to the Institution by the deadline established by the Institution or July 10th, whichever is earlier; and adhere to state labor standards by providing stu-dent employee with appropriate rest and meal periods;
7. Waive and forfeit all claims for reimbursement of compensation earned or paid to students but not reported or submitted to the Institution as required under Section B (5) and B (6) of this Contract; and
8. Make available upon request by Board and other state of Washington personnel, its payroll records for students paid under this Contract for audit purposes.

C. By approving and processing Job Descriptions, the Institution(s) agree(s) to:

1. Determine which students meet the eligibility requirements for employment under the State Work Study program in accordance with rules and regulations and guidelines established by the Higher Education Coordinating Board;
2. Refer to the Employer only those students eligible for the program who appear to be qualified for employment, after exercising the priorities in placing students in accordance with the rules and regulations by which the State Work Study Program is administered; and
3. Notify the Employer of any student who may become ineligible.

D. The Board agrees to reimburse the Employer for a percentage of the student's total State Work Study financial aid award. Reimbursement will be a percentage of the total payroll paid to students under this Contract as stated on the Job Description form. Reimbursement will be paid monthly upon receipt of the Employer's properly completed State Work Study timesheets, which have been sent to the Institution. Public postsecondary institutions(s) may reimburse the Employer on behalf of the Board. Private postsecondary institution(s) will forward the timesheets to the Board for reimbursement. No reimbursement will be made if such information is received after the calendar deadlines established by this Contract and the Institution(s).

E. All Parties agree:

1. This Contract and Business Profile, in conjunction with the Job Description form approved by a participating institution, constitutes an agreement to participate in the program and to comply with the contract provisions. Each institution had the right to determine from which contracted employers they will post jobs;
2. The total reimbursable payroll shall consist of the hourly rate of compensation paid a student multiplied by the number of reimbursable hours of work performed by a student. The maximum number of reimbursable hours of work may not average more than 19 hours per week over the period of enrollment for which the student has received a State Work Study award or exceed a maximum of 40 hours per week during vacation periods. The Institution may specify that a student work fewer hours per week than the maximum. The number of hours any student may work during any period must be agreed upon prior to commencement of employment;
3. The following priorities must be exercised in the placement of students:
   a) Placement of Washington state residents;
   b) Employment in fields related to the student's academic or vocational pursuits; or
   c) In community service placements or in placements that meet Washington's economic development goals.
4. Complaints by either the employee or Employer regarding lack of compliance with this Contract should be referred to the appropriate office at the Institution for settlement. If resolution cannot be reached, appeal may be made to the Higher Educa-tion Coordinating Board;
5. This Contract shall be subject to the availability of funds granted for this program. It shall also be subject to the provisions of RCW 28B.12, the regulations adopted thereunder, and all legislation and regulations pertaining to the State Work Study Program adopted subsequently;

6. This Contract may be terminated by the Board or the Employer if there is failure by the other party to comply with its provisions; and
7. This Contract will remain in effect until the end of the academic year, which is June 30 immediately following the effective date of this Contract. Prior to the expiration date and at the discretion of the HECB, the contract may be continued for the subsequent academic year. Typically, the renewal letter will be sent out in April. In the case of a first year contract, filed between April and June, the second year renewal is handled automatically by the Board.

The completed SWS contract substitutes for submission of IRS Form W-9.

I certify that:

1. The number shown on this form is my correct taxpayer identification number and;
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding.
3. I am a U.S. person (includes a U.S. resident alien).
4. If business is an individual sole proprietor or limited liability sole proprietor, provide your name and Social Security Number:

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA) and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (For further instructions contact IRS).

IN WITNESS HEREOF, the parties hereto have executed this contract the day and year first above written.

Employer Information (Print or Type)

_____
Name of the business and if applicable DBA

_____
Physical Street Address

_____
City, State & Zip Code

_____
Email Address

_____
Web Address

(_____) _____ (_____) _____
Phone Number **Fax Number**

___ ___ ___ ___ ___ ___ ___ ___ ___
IRS Federal Employer Identification Number (EIN)

_____
State Wide Vendor Number for EFT Reimbursements

_____
Unified Business Identification Number (UBI Number)

Employer Type:

1. ____ Non-Profit
2. ____ For-Profit
3. ____ Public

_____

_____
Address to which reimbursement should be sent if different from the above address.

IRS Tax Type:

1. ___ Individual Sole Proprietor
2. ___ Limited Liability Company-Sole Proprietor
3. ___ Partnership
4. ___ Limited Liability Company-Partnership
5. ___ Corporation
6. ___ Limited Liability Company-Corporation
7. ___ Federal Agency
8. ___ State Agency
9. ___ Local Government

Signed By:

_____
Name of Employer Representative (Print or Type)

_____
Signature & Date of Employer Representative

Institution Code or Name:_____
(For College Use Only: To be supplied by the college)

Signed By:

_____
HECB/Public Postsecondary Institution Representative

_____
Title

_____
Date

The completed employer contract and employer business profile should be mailed to the college or university. For a complete list of participating schools please go to our web site at: www.hecb.wa.gov/employers.

Approved changes by the Attorney General's Office February 20, 2007
HECB August 18, 2007.

Washington State Work Study Program
Employer Business Profile

INSTRUCTIONS: Complete the form in its entirety and return with the employer contract.

1. Name of the business or organization
2. IRS Employer Identification Number: ___ ___ - ___ ___ ___ ___ ___ ___ ___
3. Owned/operated by:_____
4. Describe the nature of business and primary goods or services provided. (Attach annual report or summary publica-tion, if you prefer.)
5. Describe the location where the student will work.
6. Describe composition of Board of Directors/Corporation, if applicable.
7. Number of years in operation: _____
8. Number of regular or paid employees: Full time _____ Part time _____ State Work Study _____
9. Number of volunteer employees: Full time _____ Part time _____ State Work Study _____
10. Have you ever had a license, certificate or registration to operate a business, occupation or profession denied, suspended or revoked? If so, please explain on the back of this form.
11. Do you currently possess all licenses, certificates and registrations required by all federal, state and local laws and ordinances? If not, please explain on the back of this form.
12. Have you ever been a defendant in a consumer protection action? If so, please explain on the back of this form.
13. Have you ever been involved in a labor dispute? If so, please explain on the back of this form.
14. Does your organization participate in any political activity or have a religious affiliation? If so, please explain on the back of this form.
15. Have you experienced any cash flow problems within the past two years that would make it difficult to compensate State Work Study students on a regular basis? If so, please explain on the back of this form.

_____ _____ _____

Signature **Title** **Date**

_____

Name of Employer Representative (Print or Type)

To: State Work Study Employers

From: Kamara Satterfield

Re: Tax Reporting Information

For reporting purposes, the CBC Business office has requested that we identify the business status of all of our State Work Study employers. Please provide us with your Federal ID Number and identify your business. Thank You for Your Assistance!

Name of business: _____

Address: _____

_____

_____ Private for Profit Incorporated

_____ Private for Profit Not Incorporated

_____ Public/Governmental

_____ Private Non-Profit

_____ Partnership for Profit Incorporated

_____ Partnership for Profit Non-Incorporated

Federal Tax ID Number: _____

(Shaded area to be completed by Columbia Basin College Student Employment Office)

Reimbursement Percentage_____ **Job # _____**

WASHINGTON STATE WORK STUDY PROGRAM
JOB DESCRIPTION FORM

A Job Description Form must be completed for each State Work Study position offered by a participating employer. Instructions for completing the form may be found on the following page. The completed form should be returned to the Columbia Basin College, Student Employment Office.

1. Job Title: _____

2. Hourly Pay Rate $_____ to $_____

3. Effective dates of this Job Description: _____/_____/_____ to _____/_____/_____

4. Job description (Be specific and provide detailed description of duties, days & hours desired, and the minimum hours desired):

5. **Educational benefits to be derived by students in this job:**

6. Minimum Qualifications (What skills must a student possess prior to filling this job?):

7. Name of Employer: _____
   (No abbreviated Name)
   Address: _____
   (Include City, State, and Zip Code)

8. IRS Federal Employer Identification Number & Suffix ___ ___ -- ___ ___ ___ ___ ___ ___ ___ ___
   (Job Description will not be approved if left Blank)

9. By: _____ (_____) _____
   (Signature of legally authorized representative signing time sheets) (Phone)

   (_____)_____
   (Fax)

   _____ _____
   (Print Name of Legally Authorized Representative) (E-Mail Address)

INSTRUCTIONS FOR COMPLETING THE WASHINGTON STATE WORK STUDY PROGRAM JOB DESCRIPTION FORM

A Job Description Form must be completed for each State Work Study position offered by a participating employer. The position must be approved by the student employment office at the college/university and the Higher Education Coordinating Board before the student begins employment. Subsequent modifications must be approved before any changes may be made. If you wish to hire students from more than one college/university, you will need to submit a Job Description form to each school. The completed form should be returned to the Columbia Basin College, Student Employment Office.

1. JOB TITLE - You may select any job title you feel is appropriate. Choose a title that accurately describes the position. This same job title must be used on each time sheet for the student employed in this position.

2. HOURLY PAY RATE - All State Work Study positions must receive compensation equal to the entry-level salary of comparable positions (RCW 28B.12.060). Indicate the minimum and maximum pay range expected to be paid for this position during the period of employment. Any adjustments to the hourly wage rate made during the employment period must fall within this broad pay range.

3. EFFECTIVE DATES OF THE JOB DESCRIPTION - Indicate the date the position is available (in most cases this will be July 1). The ending date for each position may not extend beyond June 30.

4. JOB DESCRIPTION - Give a brief, concise description of the position. Indicate the desired work days and hours. Due to the fact that not all students are available to work the SWS maximum of 19 hours, please indicate the **minimum** number of hours per week that is acceptable. You may also indicate the number of students you wish to hire in this position.

5. EDUCATIONAL BENEFITS TO BE DERIVED BY STUDENTS IN THIS JOB - State Work Study students must be placed, whenever possible, in employment related to their academic pursuits. How will this job enhance the student's education or relate to a future career track?

6. MINIMUM QUALIFICATIONS – Please be reminded that students use these forms to pre-screen themselves. You must list all the minimum qualifications for this position and base your hiring decision on how closely the applicant meets these requirements.

7. NAME OF EMPLOYING BUSINESS OR ORGANIZATION - List the name of the employer and the employer's federal identification number.

8. IRS FEDERAL EMPLOYER IDENTIFICATION NUMBER & SUFFIX – List the IRS federal employer identification number and suffix. The job description will not be approved if left blank.

9. SIGNATURE OF EMPLOYER'S REPRESENTATIVE - This should be the signature of the student's supervisor who is legally authorized by the employing organization to sign time sheets.

Off-Campus 55% State Work Study Authorization/Referral Form

Student Name **(As printed on Financial Aid forms)** _____

Local Address_____ **City**_____ **State**_____ **Zip** _____

Home Phone_____ **Cell Phone or Message**_____

Major or Career Interest_____**Email Address**_____

Freshman_____ **Sophomore**_____

(Shaded area to be completed by the Columbia Basin College Student Employment Office)

Listed below is the student's financial aid award for this academic year.

FALL $_____= _____Hrs/Qtr WINTER $_____= _____Hrs/Qtr SPRING $_____ = _____Hrs/Qtr
(Date 00/00/0000 – 00/00/0000) **(Date 00/00/0000 – 00/00/0000)** **(Date 00/00/0000 – 00/00/0000)**

The student's quarterly award amount is equal to their gross wage earned under the State Work Study Program. The employer is reimbursed **55%** of the gross earnings up to the award amount. Given the hourly rate of pay listed below, this student is eligible to work _____ **hrs. per week**.

Students are eligible to work a maximum of 19 hours per week during the school period and a maximum of 40 hours per week during school breaks and vacations. Hours worked beyond the maximum listed above, or in addition to the award amount will not be compensated. Maximum work study award is subject to revision if the financial situation changes. You will be informed accordingly.

Signature School Authorization: _____ Phone Number: (509) 542-4875
Institution: Columbia Basin College: 2600 North 20th Avenue Pasco, WA 99301

IMPORTANT INFORMATION FOR EMPLOYERS

1. **This authorization certifies this student is eligible to earn under the state work study program at Columbia Basin College.**
2. **Employers pay 100% of student earnings plus benefits up to the limit shown for each quarter and bill the CBC Student Employment Office for 55% of student earnings up to the limit shown for each quarter. Employer and students are responsible for monitoring limits.**
3. **Retain one copy of this authorization for your records and return the original authorization form to the CBC Student Employment Office prior to the student starting work.**
4. **A current signed State Work Study contract must be on file at the CBC Student Employment Office prior to the student's employment.**
5. **The employer matching share is specified on the referral form.**
6. **Additional information about SWS can be found in the SWS Handbook and on our website at: http://jobs.columbiabasin.edu**

EMPLOYER:
Agency/Business Name: _____**Contact Person:** _____

Phone: _____ **Fax:** _____ **E-Mail:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

IF YOU CHOOSE TO HIRE THIS STUDENT PLEASE COMPLETE THE FOLLOWING:

Student's Supervisor_____ Phone_____E-Mail_____

Student's Job Title_____ # of Hours per Week_____ Rate of Pay $_____/HR

Start Date _____ Work Study employee may not work past **Month 00, 0000**

Employer Signature_____ Date_____

Thank you for considering this student and supporting the growth of the Washington State Work Study Program.
Prior to student beginning work, return to: Kamara Satterfield, Columbia Basin College, Student Employment Office
2600 North 20th Avenue Pasco, WA 99301
Email: ksatterfield@columbiabasin.edu Fax: (509) 547-3673 Phone: (509) 542-4875

Off-Campus 80% State Work Study Authorization/Referral Form

Student Name **(As printed on Financial Aid forms)** _____

Local Address_____ **City**_____ **State**_____ **Zip** _____

Home Phone_____ **Cell Phone or Message**_____

Major or Career Interest_____**Email Address**_____

Freshman_____ **Sophomore**_____

(Shaded area to be completed by the Columbia Basin College Student Employment Office)

Listed below is the student's financial aid award for this academic year.

FALL $_____= _____Hrs/Qtr WINTER $_____= _____Hrs/Qtr SPRING $_____ = _____Hrs/Qtr
(Date 00/00/0000 – 00/00/0000) **(Date 00/00/0000 – 00/00/0000)** **(Date 00/00/0000 – 00/00/0000)**

The student's quarterly award amount is equal to their gross wage earned under the State Work Study Program. The employer is reimbursed **80%** of the gross earnings up to the award amount. Given the hourly rate of pay listed below, this student is eligible to work _____ **hrs. per week**.

Students are eligible to work a maximum of 19 hours per week during the school period and a maximum of 40 hours per week during school breaks and vacations. Hours worked beyond the maximum listed above, or in addition to the award amount will not be compensated. Maximum work study award is subject to revision if the financial situation changes. You will be informed accordingly.

Signature School Authorization: _____ Phone Number: (509) 542-4875
Institution: Columbia Basin College: 2600 North 20th Avenue Pasco, WA 99301

IMPORTANT INFORMATION FOR EMPLOYERS

1. **This authorization certifies this student is eligible to earn under the state work study program at Columbia Basin College.**
2. **Employers pay 100% of student earnings plus benefits up to the limit shown for each quarter and bill the CBC Student Employment Office for 80% of student earnings up to the limit shown for each quarter. Employer and students are responsible for monitoring limits.**
3. **Retain one copy of this authorization for your records and return the original authorization form to the CBC Student Employment Office prior to the student starting work.**
4. **A current signed State Work Study contract must be on file at the CBC Student Employment Office prior to the student's employment.**
5. **The employer matching share is specified on the referral form.**
6. **Additional information about SWS can be found in the SWS Handbook and on our website at: http://jobs.columbiabasin.edu**

EMPLOYER:
Agency/Business Name: _____**Contact Person:** _____

Phone: _____ **Fax:** _____ **E-Mail:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

IF YOU CHOOSE TO HIRE THIS STUDENT PLEASE COMPLETE THE FOLLOWING:

Student's Supervisor_____ Phone_____E-Mail_____

Student's Job Title_____ # of Hours per Week_____ Rate of Pay $_____/HR

Start Date _____ Work Study employee may not work past **Month 00, 0000**

Employer Signature_____ Date_____

Thank you for considering this student and supporting the growth of the Washington State Work Study Program.
Prior to student beginning work, return to: Kamara Satterfield, Columbia Basin College, Student Employment Office
2600 North 20th Avenue Pasco, WA 99301
Email: ksatterfield@columbiabasin.edu Fax: (509) 547-3673 Phone: (509) 542-4875

Employer Procedures for
State Work Study
Through Columbia Basin College

(Please read very carefully and retain for future reference)

1. **The attached referral form is used to identify a State Work Study eligible student who is seeking career related employment with your company.** (Please note the student's major identified on the form).

2. **In order to hire this student and be reimbursed for a portion of their salary, you must have a current State Work Study contract on file at CBC.** If you are uncertain of your eligibility, call the CBC Student Employment Office at (509) 542-4875 immediately for verification.

3. **Student who participate in this program are able to work up to 19 hours per week while classes are in session and, if their financial award has not been totally expended, up to 40 hours per week during breaks.** The State Work Study Program includes fall, winter and spring quarters only.

4. The student is issued a quarterly award based on their financial need. This amount is designated on the attached referral form. **Their quarterly earnings should not exceed the amount of their quarterly award.** If the students' earnings do exceed the award amount, then the employer will have to pay the additional earnings without any reimbursement from CBC. **(Students and employers are responsible for monitoring State Work Study limits).**

5. **If you decide to hire this student, then you must complete and return the referral form to the Student Employment Office at CBC as soon as possible.**

6. Upon receipt of the signed referral identifying the student's rate of pay**, the Student Employment Office will identify the number of hours that the student may work based on their financial need and their potential earnings.** A copy of the completed referral form will be returned to you for your files.

7. Employers **will receive a State Work Study time sheet monthly and must complete and submit the time sheet at the end of each month for reimbursement of a portion of the students' salary.** All hours worked for the month should be noted on the time sheet, even though the employer will only be reimbursed for a 19 hour work week while classes are in session. Only one time sheet should be submitted each month.

8. **A student's eligibility to participate in the State Work Study program will end under the following circumstances:**
   - If the student graduates and is no longer enrolled at CBC
   - If the student cancels their enrollment as a CBC student
   - If the student reduces their credit hours to less than 6 credits
   - If the student loses their financial aid for any reason

9. **If a student is no longer eligible to participate in the State Work Study program, it is their responsibility to inform the Student Employment Office and the employer immediately and discontinue working as a State Work Study student**.

State Work Study Student Employment Evaluation

Name of Employee: _____**Period of Review:** _____

Company/Department: _____

Name of Supervisor: _____

WORK PERFORMANCE:

Ability to fulfill the requirements of the job:

❑ Superior ❑ Good ❑ Meets Standard ❑ Below Standard

Comments:_____

_____

_____

(Comparison to previous evaluation) ☐ Improved ☐ No Change ☐ Negative ☐ NA

Productivity:

❑ Superior ❑ Good ❑ Meets Standard ❑ Below Standard

Comments:_____

_____

_____

(Comparison to previous evaluation) ☐ Improved ☐ No Change ☐ Negative ☐ NA

Ability to follow instructions:

❑ Superior ❑ Good ❑ Meets Standard ❑ Below Standard

Comments:_____

_____

_____

(Comparison to previous evaluation) ☐ Improved ☐ No Change ☐ Negative ☐ NA

Cooperation:

❑ Superior ❑ Good ❑ Meets Standard ❑ Below Standard

Comments:_____

_____

_____

(Comparison to previous evaluation) ☐ Improved ☐ No Change ☐ Negative ☐ NA

Attitude:

❑ Superior ❑ Good ❑ Meets Standard ❑ Below Standard

Comments:_____

_____

_____

(Comparison to previous evaluation) ☐ Improved ☐ No Change ☐ Negative ☐ NA

Initiative:

❑ Superior ❑ Good ❑ Meets Standard ❑ Below Standard

Comments:_____

_____

_____

(Comparison to previous evaluation) ☐ Improved ☐ No Change ☐ Negative ☐ NA

Work Habits:

❑ Superior ❑ Good ❑ Meets Standard ❑ Below Standard

Comments:_____

_____

_____

(Comparison to previous evaluation) ☐ Improved ☐ No Change ☐ Negative ☐ NA

Please Complete Side 2→

PERSONAL:

Relationship with fellow employees:

❑ Superior ❑ Good ❑ Meets Standard ❑ Below Standard

Comments:_____

_____

_____

(Comparison to previous evaluation) ☐ Improved ☐ No Change ☐ Negative ☐ NA

Relationship with clients/customers:

❑ Superior ❑ Good ❑ Meets Standard ❑ Below Standard

Comments:_____

_____

_____

(Comparison to previous evaluation) ☐ Improved ☐ No Change ☐ Negative ☐ NA

Professionalism:

❑ Superior ❑ Good ❑ Meets Standard ❑ Below Standard

Comments:_____

_____

_____

(Comparison to previous evaluation) ☐ Improved ☐ No Change ☐ Negative ☐ NA

Appearance/Demeanor:

❑ Superior ❑ Good ❑ Meets Standard ❑ Below Standard

Comments:_____

_____

_____

(Comparison to previous evaluation) ☐ Improved ☐ No Change ☐ Negative ☐ NA

Communication Skills:

❑ Superior ❑ Good ❑ Meets Standard ❑ Below Standard

Comments:_____

_____

_____

(Comparison to previous evaluation) ☐ Improved ☐ No Change ☐ Negative ☐ NA

AREAS OF CONCERN & GOAL SETTING:

Concern	**Goal Setting:**

EVALUATOR COMMENTS:

_____

_____

STUDENT COMMENTS:

_____

_____

Student Signature: _____ Date: _____

Employer Signature: _____ Date: _____

WASHINGTON STATE WORK STUDY PROGRAM
TIME SHEET

Student Employee's Name (*Print*)

1. _____
Last First

2. ___ ___ ___ - ___ ___ - ___ ___ ___ ___
Student's Social Security Number

3. _____
Student's College/University

4. _____
Student's Job Title

5. **First Day Hours Were Worked**: __ __ / __ __ / __ __
Month Day Year

6. **Last Day Hours Were Worked**: __ __/ __ __ / __ __
Month Day Year

7. **Record of Actual Hours Worked**

01 ____-____	16 ____-____
02 ____-____	17 ____-____
03 ____-____	18 ____-____
04 ____-____	19 ____-____
05 ____-____	20 ____-____
06 ____-____	21 ____-____
07 ____-____	22 ____-____
08 ____-____	23 ____-____
09 ____-____	24 ____-____
10 ____-____	25 ____-____
11 ____-____	26 ____-____
12 ____-____	27 ____-____
13 ____-____	28 ____-____
14 ____-____	29 ____-____
15 ____-____	30 ____-____
	31 ____-____

8. Total Hours Worked: ___ ___ ___. ___ ___

"I hereby certify that this time sheer is a true and correct statement of hours worked by me and that I do have work study eligibility to cover my gross earnings."

9. _____
Student's Signature

10. _____
Date Signed (on or after last day worked)

ATTENTION EMPLOYERS

Type or complete in ink all items requested. Verify the information for accuracy. An incorrect or blank item may delay reimbursement.

This time sheet **MUST** be received by the student's college/university within **15 DAYS** from the end of the current pay period or **REIMBURSEMENT MAY BE DENIED.**

Once the institution submits the time sheet to the Higher Education Coordinating Board, you should receive your reimbursement check within 3-6 weeks if no corrections are needed. At the end of the state's fiscal year, it may be 1 or 2 weeks longer.

11. Hourly Rate of Pay $ ___ ___ ___. ___ ___

12. Gross Compensation $ ___ ___ ___ ___. ___ ___

13. FICA $ ___ ___ ___ ___. ___ ___

14. Other Deductions $ ___ ___ ___. ___ ___

15. Net Earnings $ ___ ___ ___ ___. ___ ___

16. _____
Name of Employing Business or Organization (*Print*)

17. ___ ___ - ___ ___ ___ ___ ___ ___ ___ _____
Firm's Federal I.D. Number Suffix

"This time sheet is a true and correct statement of the time worked by this student. The student has completed the assignment satisfactory, continues to have work study eligibility, and has been paid by check the amount of net earnings as shown. I hereby certify, UNDER PENALTY OF PERJURY under the laws of the State of Washington, that the foregoing is true and correct" (must be signed and dated on or after last day student worked).

18. _____
Supervisor's Signature

_____
Print Supervisor's Name

19. _____
Date Signed (**on or after last day worked**)

---

20. Date Received by College/University _____
21. Received and Authorized by _____
22. Institution Code ___ ___ ___ ___
23. Position Number ___ ___ ___
24. Reimbursement Rate: 65% ___ 50% ___ Other ___
25. Reimbursement Amount $ _____

Appendix E

COMPLETION OF STATE WORK STUDY TIME SHEETS FOR COLUMBIA BASIN COLLEGE

The following procedures, in order as they appear on the time sheet, should be performed before they are sent to the Columbia Basin College Student Employment Office. Check these items carefully as errors can cause delays in reimbursement to valued employers.

First and Last Days Hours Worked	**The first and last day hours worked should match the first and last day hours that are recorded on the time sheet.** In order for all records to match, this should be correct before it is sent to the CBC Student Employment Office. The first and last day worked may not cover more than a 31-day period. For example, a time sheet dated 1/10/00 to 2/15/00 contains overlapping hours from 2/10 to 2/15.
Record of Actual Hours Worked	**Hours must be recorded in quarter hours or decimals.** Employers should record the hours worked as it is reported and paid on their payroll.
Total Hours Worked	**The sum of hours actually worked should equal total hours worked.**
Student's signature And Date Signed	**The student MUST sign and date the time sheet legibly, and on or after the last day hours were worked.** The student's original signature is the only proof we have that the student actually worked the hours recorded on the time sheet. No one may sign on the student's behalf, nor may any documentation replace the correct signature and date. The signature MUST be in pen, not in pencil.
Rate of Pay	**Only one pay rate may be recorded on a time sheet.** If the student was paid at two different rates during the same period, each pay needs to be recorded on separate time sheets. Please notify CBC Student Employment Office immediately if there is a change in the rate of pay so we may adjust our records accordingly. Pay rates may only be two places past the decimal. For example, a pay rate of $7.9555 can only be reimbursed at $7.95.
Gross Compensation	**Verify the gross compensation by multiplying the total hours worked by the pay rate.** If it appears the student was paid incorrectly, it must be investigated and corrected prior to submitting the time sheet.
Deductions	**The time sheet must show the deductions taken from the student's gross compensation.** The reason for recording this information is to insure that the student is being treated as a regular employee, not a contractor.
Federal ID Number	**The federal ID Number must be correct, and in proper Format, Ex: 99-9999999.** If an alpha suffix was included with the approval job description, it must be entered on the time sheet.
Supervisor's Signature and Date Signed	**The supervisor must sign and date the time sheet legibly, and on or after the day hours were worked.** The signature MUST be in pen, not in pencil.

ALL TERMINATIONS OF STUDENT EMPLOYEES REQUIRE THE FOLLOWING INFORMATION:

Student Employee Name: _____

Employer/Department: _____

Date termination effective: _____ **Today's date:** _____

Action that initiates termination: _____

_____

Was the student notified of termination? _____ **Date:** _____

_____ _____

(Supervisor's Signature) **(Employee's Signature)**

_____ _____

(Department's Signature) **(On-Campus Student Employment Officer's Signature)**

Note: Please contact the Student Employment Office to request this form to complete prior to the last day of the student's employment.

Columbia Basin College complies with the spirit and letter of state and federal laws, regulations and executive orders pertaining to civil rights, equal opportunity and affirmative action. CBC does not discriminate on the basis of sex, race, color, national origin, religion, age, marital status, physical, mental or sensory disability, sexual orientation or Vietnam veteran status in its educational programs or employment. Questions may be referred to Camilla Glatt, Vice President for Human Resources & Legal Affairs, (509) 542-5548.

Individuals with disabilities are encouraged to participate in all college sponsored events and programs. If you have a disability and require an accommodation, please contact the CBC Resource Center, (509) 542-4412, or TTY/TDD at (509) 546-0400. This notice is available in alternative media by request.