

## INSTRUCTIONS FOR COMPLETING THE JOB DESCRIPTION

### Employers

Complete a Job Description form for each State Work Study position offered by your business or organization. Submit the Job Description form to each college you want to hire students from. The Student Employment Administrator at the college and the Washington Student Achievement Council must approve the position before you can hire a State Work Study student employee.

**Job Title:** You may select any job title you feel is appropriate. Choose a title that accurately describes the position. This is the job title that the student will enter on their time sheet.

**Pay Range:** All State Work Study positions must receive compensation equal to the entry level salary of comparable positions<sup>1</sup>. Indicate the minimum and maximum pay range expected for this position during the period of employment. Any adjustments to the hourly pay rate made during the employment period must fall within this broad pay range.

**Start Date:** Indicate the date (month, day, and year) the position is available (in most cases this will be July 1, which is the beginning of the state fiscal year).

**Job Description:** Give a concise, but complete description of the tasks the student can expect to perform on a regular basis.

**Educational Benefits to be Derived by the Students in this Job:** Explain how this position enhances a student's education or how it relates to a future career track. Whenever possible, hire State Work Study students in positions related to their academic pursuits.

**Minimum Qualifications:** Please note that students use this area to prescreen themselves. List the skills a student must possess prior to filling this position, and base your hiring on how closely the applicant meets these requirements.

**Employer Name:** Provide the full name of the employing business or organization.

**Employer Identification Number (EIN) and Suffix:** Provide the business or organization's Employer Identification Number (EIN) and, if applicable, the Washington Student Achievement Council assigned suffix.

**Address:** Provide the address for the business or organization where the student will be working.

**Supervisor's Signature:** Include the signature of the supervisor for this position.

**Supervisor's Name:** Provide the name of the supervisor of this position.

**Date:** Indicate the date signed by the supervisor.

**Phone Number:** Provide the phone number for the supervisor of this position.

### Student Employment Administrators

**Signature of Student Employment Administrator:** This should be the signature of the Student Employment Administrator who approved the job description.

**Name of College:** Provide the full name of the college.

**Institution Code:** Provide the institution code provided by the Washington Student Achievement Council.

**Reimbursement Percent:** Provide the reimbursement rate based on the employer type.

**Job Classification Code:** Provide the appropriate classification code, from the list provided by the Washington Student Achievement Council, to identifying a broad range of jobs.

**Position Number:** The position number may be any sequence established by the college to assign each job description a unique number.

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<sup>1</sup> [RCW 28B.12.040](#); [RCW 28B.12.060\(5\)\(b\)](#); [WAC 250-40-030\(6\)\(c\)](#); [WAC 250-40-050\(2\)](#); [WAC 250-40-070\(3\)\(a\)](#)

# WASHINGTON STATE WORK STUDY PROGRAM

## JOB DESCRIPTION

1. Job Title: \_\_\_\_\_

2. Pay Range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_ 3. Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Minimum Maximum Month / Day / Year

4. Job Description:

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5. Educational Benefits to be Derived by Students in this Job:

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6. Minimum Qualifications:

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\_\_\_\_\_  
Employer Name

\_\_\_\_\_  
Employer Identification Number (EIN)

\_\_\_\_\_  
Suffix

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

### FOR COLLEGE USE ONLY

\_\_\_\_\_  
Signature of Student Employment Administrator

\_\_\_\_\_  
Name of College

\_\_\_\_\_  
Institution Code

\_\_\_\_\_  
Reimbursement Percent

\_\_\_\_\_  
Job Classification Code

\_\_\_\_\_  
Position Number

### FOR COUNCIL USE ONLY

\_\_\_\_\_  
Signature of Washington Student Achievement Council

\_\_\_\_\_  
Date