

Federal Work-Study Student Employment Authorization

12401 SE 230TH ST | AUBURN, WA 98092-3622 | (253) 931-6531

	STUDENT EMPLOYEE INFORMATION			
NAME:	NICK NAME:			
	(Family/Last Name, First Name, Middle Initi	al)		
ADDRESS:	(Street Address, City, Sate	Zip Code)	ctcLink ID:	
EMAIL:				
			The FWS Employment Authorization	
Have you ever been emplo	yed by GRC? LYES NO If '		form will be initiated by the Student	
	JO	B INFORMATION	Employment Specialist by supervisor	
JOB TITLE:			request.	
ANTICIPATED START DAT	E: END DATE:	DEP	This form will be sent via Adobe Sign.	
	SUPER	VISOR INFORMATION	The student will need to complete the	
SUPERVISOR NAME:			Student Employee Information section	
			first. After the student completes their	
Have you completed Stude	ent Employment Training? Lagran	NO If "Yes" pro	section, the form will automatically route _	
STUDENT EMPLOYMENT TERM to the supervisor for signature.				
	t position must not displace employ reted as displacement. Replacing a f robibited		Companies and some fill in the continuents of	
. , .			begin working until all hiring forms are	
work performed by th	e student employee must not be se	ctarian related or invol	completed. Weather the student may	
	ent employment, student must main counting toward completion of students		actually begin working on the anticipated start date will be dependent on the	
session. Student may v registered at least half	ent employee may <u>not</u> work during scheduled class hours. Student may wo on. Student may work longer hours during quarter break period, up to 40 h tered at least half-time the following quarter. Exceeding weekly hour limits continued employment through the Student Employment Program.		start date will be agreed upon and	
1 1	udent employee is expected to adhere to scheduled work hours and report tir adhere to payroll due dates may be disqualified from continued employment		Supervisors are encouraged to keep a	
Continued Work-Study	y eligibility is subject to available fur	ds and academic progr	copy of this form for their records. This form will indicate the students	
Student employee is re	equired to complete Ethics and Non	discrimination & Haras		
I have read and understar	nd the terms of student employmen	t	bottom of the form.	
Student Employee Signa	ture date	Student Fr	nployment Specialist Signature date	
Stadent Employee signa	date	Stadent En	ipio/ment opecianot orginatare aute	
Supervisor Signature	date			
STUDENT EMPLOYMENT SECTION TO BE COMMPLETED BY STUDENT EMPLOYMENT SPECIALIST				
QUARTERLY ALLOCATION: SUMMER 2025 \$ FALL 2025 \$ WINTER 2026 \$ SPRING 2026 \$				
FND/CHART/CMB: \$\Begin{align*} \Begin{align*} \Begi				
DEPARTMENT: 99063 EXP CODE: FWS JOB CODE: 009000 WORK STUDY STUDENT EMPL RECORD: START DATE:				