

WASHINGTON STATE WORK STUDY PROGRAM

EMPLOYER INFORMATION CHANGE REQUEST

Submit this form to the college(s) you work with to update your State Work Study (SWS) information.

Note: If your Employer Identification Number (EIN), Unified Business Identifier Number (UBI), job title or job description duties have changed, you **cannot** use this form. Please contact the State Work Study program at 360-753-7861 or sws@hecb.wa.gov.

Name of Business or Organization: _____

Employer Identification Number (EIN) & Suffix, if applicable: _____

Change in Business Information

Check the box next to the item that needs updated and provide the current information.

Name of Business or Organization: _____

Phone Number: _____

Contact Person: _____

Business Address: _____
Address City State Zip

Mailing Address: _____
Address City State Zip

Email Address: _____

Change in Pay Rate Information

The Student Achievement Council requires an explanation (in the comment section below) for pay rates that exceed \$25.00 per hour as well as a decrease in pay.

Position Number: _____ Job Title: _____

Pay Range: \$ _____ . _____ to \$ _____ . _____ Effective: _____ / _____ / _____
Minimum Maximum Month / Day / Year

Comments: _____

Signature of Employer Representative

Date

FOR COLLEGE USE ONLY

Signature of Student Employment Administrator	Name of College / Institution Code	Date
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FOR COUNCIL USE ONLY

Signature of Student Achievement Council	Date
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